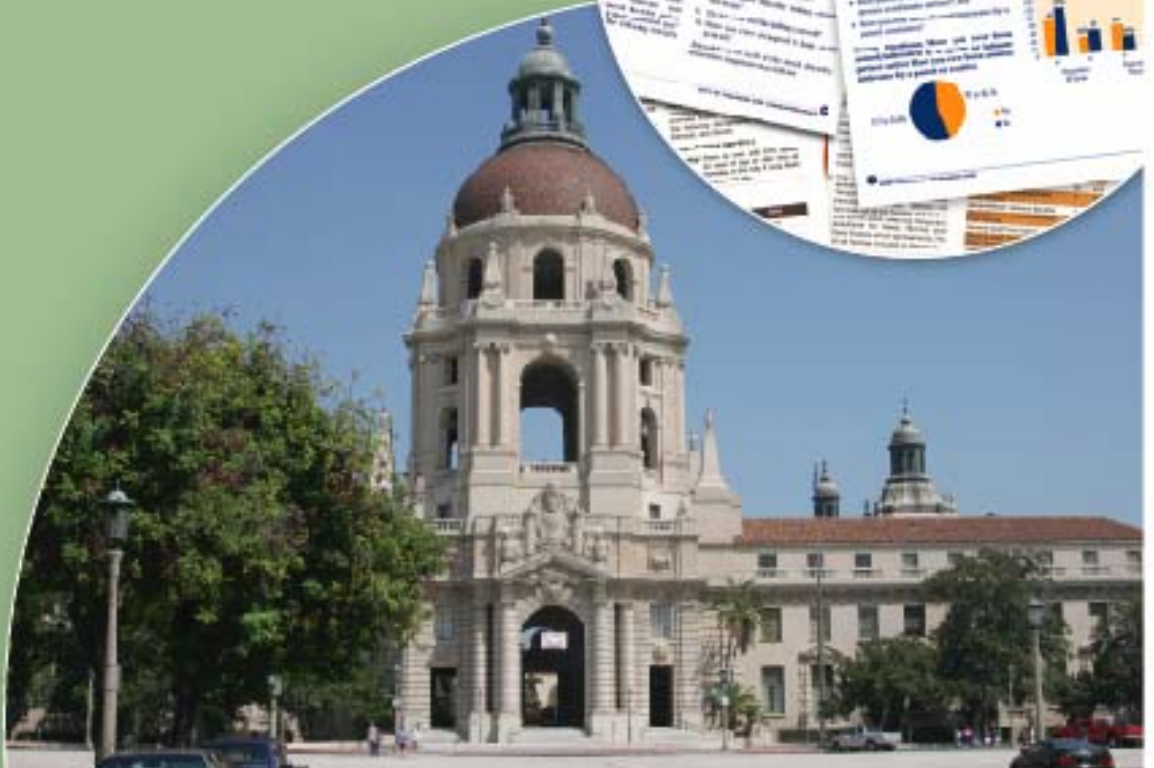
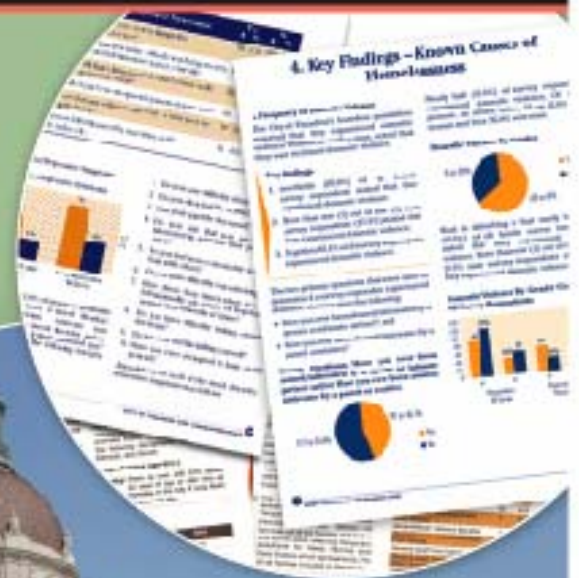




# City of Pasadena 10-Year Strategy to End Homelessness



## **Homeless Facts\***

- There are approximately 1,200 adults and children that live on the streets or in homeless facilities on a given day in the City of Pasadena;
- Women make up nearly half (40%) of the homeless population that live on the streets or in homeless facilities on a given day in the City of Pasadena;
- There are nearly 100 families that live on the streets or in homeless facilities on a given day in the City of Pasadena;
- One out of every four (25.0%) homeless persons is a child under the age of 18 that live on the streets or in homeless facilities on a given day in the City of Pasadena;
- There are approximately 600 persons who are chronically homeless—defined by the Department of Housing and Urban Development (HUD) as individuals who are homeless for one year or more and have a physical or mental disability—that live on the streets or in homeless facilities on a given day in the City of Pasadena;
- There are approximately 100 homeless young adults (ages 18 – 24) that live on the streets or in homeless facilities on a given day in the City of Pasadena.

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### **\*Sources:**

- The City of Pasadena 2005 Homeless Count;
- The City of Pasadena 2004 Homeless Survey

(copies of these reports can be found on [www.homeless-research.com](http://www.homeless-research.com))

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## **Acknowledgements**

Over the years, dozens of non-profit organizations and hundreds of staff and volunteers have learned a great deal about ways to meet the needs of homeless persons in Pasadena. Many of these persons played a role in contributing to the findings and recommendations made in this report.

There was an extensive community process that involved more than 30 community meetings. More than 200 representatives from government agencies, non-profit agencies, faith-based organizations, neighborhood associations, business associations, community service organizations, homeless and formerly homeless persons, public and private institutions of care, public assistance providers, private foundations, banks and other lending institutions, affordable housing developers and providers, and educational institutions participated in the community meetings.

As a result, this strategy is a result of a distinctive relationship between representatives of various groups that contributes to Pasadena's long history of responding to the needs of its residents.

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[www.homeless-research.com](http://www.homeless-research.com)

## **Preface**

This strategy is a response to the fact that homelessness remains one of Pasadena's most complex and important social issues. Chronic poverty, disabilities, unemployment, domestic violence, chronic health care needs, and the rising cost of housing have combined with other contributing factors to leave thousands of residents at-risk-to-homelessness, and cause hundreds of residents to become homeless throughout the year.

### **Defining Homelessness**

According to the Department of Housing and Urban Development (HUD), a person is considered homeless only when she or he resides in one of the places described below:

- a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b. in an emergency shelter; or
- c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter.

HUD also considers persons homeless if they

- d. are being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing;
- e. are being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing; or
- f. ordinarily sleep on the street or in emergency or transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution.

HUD has recently delineated the definition of homelessness by defining chronic homelessness. If Pasadena is going to be successful in ending homelessness, according to HUD, it must seriously address the issues that relate to chronic homelessness. Chronic homelessness is defined by HUD as:

“A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping

in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

Chronically homeless persons are often the “most-visible” and “hardest-to-reach” of all homeless persons. Recent survey noted that “nearly half (49.6%) of all homeless persons living in Pasadena on a given day are chronically homeless.

Primary issues that relate to chronic homelessness concern mental illness and substance abuse. Recent survey also noted that

- 100% of chronic homeless persons identified themselves as having mental illness problems or symptoms;
- nearly 75% of chronic homeless persons identified themselves as substance abusers.

HUD does not consider persons homeless if they are currently living in housing. Persons in housing include those who are

- g. paying an excessive amount of their monthly income (50% or more) for their housing;
- h. living in substandard housing in need of repair;
- i. living in housing that is crowded (such as instances when more than one household shares a single-family dwelling due to economic hardship);
- j. living in a long-term (greater than 30 days) temporary arrangement with relatives or friends;
- k. being discharged from a public or private system of care and no subsequent housing has been identified and the person lacks the resources and support networks needed to obtain housing;
- l. living in a Board and Care, Adult Congregate Living Facility, or similar place;
- m. living as wards of the state, including youth in foster care of juvenile detention facilities.

HUD does consider persons described in points g – m above as at-risk-to-homelessness. It is important to note that persons who are at-risk-to-homelessness are of primary concern in this report.

### **Delineating Homelessness**

What follows is a profile of Pasadena's homeless population that is based upon two (2) important reports—the "City of Pasadena 2005 Homeless Count" and the "City of Pasadena 2004 Homeless Survey" (copies of these reports can be found on [www.homeless-research.com](http://www.homeless-research.com)). The information in these reports provides more information about the city's homeless population than what has been known before.

- **"City of Pasadena 2005 Homeless Count"**

The "City of Pasadena 2005 Homeless Count" was completed in order to answer the primary question "How Many Homeless People Are There In The City of Pasadena On Any Given Day." The answer is 1,217 adults and children. While, the primary purpose of the count was to find out how many people were homeless on any given day, other demographic questions were answered as well.

The methodology used to count homeless persons included identifier information in order to prevent counting homeless persons more than once. Identifier information included gender, ethnicity, age, family composition, and familial status.

An analysis of the identifier information reveals several Key Findings which are listed below. Please note that identifier information was only collected for adults and thus, provides information only for adults not children.

#### **Key Findings:**

##### **A. Total Number of Homeless Persons**

1. there are 1,217 people who are homeless on a given day in Pasadena
  - a. 782 (64.3%) are adults;
  - b. 435 (35.7%) are children.
2. there are more women and children (701 or 57.6%) who are homeless on a given day in Pasadena than men (516 or 42.4%).

##### **B. Gender**

1. the majority of homeless adults are men—65.9% (516 persons);
2. women make up 34.1% (266 persons).

### **C. Ethnicity<sup>1</sup>**

1. the majority of homeless adults are African American or Black—more than one-third (36.9% or 288 persons);
2. 29.0% or 227 of homeless adults are White; 23.2% or 181 are Hispanic or Latino; 2.5% or 20 were Asian; 2.3% or 18 are American Indian or Alaskan Native and 6.1% or 48 persons stated Other.

### **D. Age**

1. More than one out of every three (35.5%) homeless persons is a child under the age of 18—which means that more than 400 (435) children are homeless in Pasadena on a given day.

### **E. Family Composition**

1. Nearly half (49.2%) of the City's homeless population is made up of parents and children on a given day.

### **F. Marital Status**

1. the majority of adults were single—82.4% or 644 adults—and 17.6% or 138 adults were married.

- **“City of Pasadena 2004 Homeless Survey”**

The results of the City of Pasadena 2004 Homeless Survey revealed that there are several sub-populations of homeless persons that have several factors that contribute to their homelessness. Factors and related findings include:

#### **A. Frequency of Domestic Violence**

The City of Pasadena's homeless population reported that they experienced domestic violence. Women, as well as men, stated that they were victims of domestic violence. Key findings included:

1. Two-thirds (65.0%) of all female survey respondents stated that they experienced domestic violence;
2. More than one (1) out of four (4) male survey respondents stated that they experienced domestic violence;
3. Together, 45.4% of all survey respondents experienced domestic violence.

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<sup>1</sup> The ethnicity categories used for the homeless count were the same used by the U.S. Census Bureau for the year 2000.



## **B. Lack of Income**

The survey data revealed that Pasadena's homeless population has very limited monthly income. Key findings include:

1. One (1) out of four (4) or 25% of survey respondents reported that they had no monthly income;
2. More than half (56.8%) of survey respondents had a monthly income that equaled no more than \$6,000 a year;
3. Nearly all (94.7%) of survey respondents had a monthly income that equaled no more than \$12,000 a year.

## **C. Need for Health Care**

Survey results underline what is largely known to homeless service providers—the need for health care is related to both causes and consequences of homelessness. Without access to appropriate health care, acute and chronic health problems go untreated, which often impedes the homeless individual's ability to secure greater self-sufficiency and maintain independent living. Key findings include:

1. There were 83 survey respondents representing 38.8% of the total homeless population who had "persistent" health care needs;
2. Of these 83 survey respondents, half (53.1%) had at least one (1) persistent health care problem;
3. Approximately half (46.9%) of survey respondents had more than one (1) persistent health care problem or more;
4. One (1) of five (5) or 20.4% of survey respondents had three (3) or more persistent health care problems.

## **D. Pervasiveness of Substance Abuse**

The City of Pasadena's homeless population acknowledged that it has a problem with alcohol and/or other drugs. The data in this section reveals that there was extensive use of alcohol and other drugs at the time the survey was administered. The data also reveals that there was significant past use of alcohol and/or other drugs. Key findings include:

1. 34.2% or 73 survey respondents stated that they were currently using alcohol and/or other drugs;
2. 40.7% or 87 survey respondents stated that they used alcohol and/or other drugs in the past but were not currently using;

3. 74.9% of all survey respondents stated that they were currently using alcohol/other drugs and/or used alcohol/other drugs in the past.

### **E. Prevalence of Serious Mental Illness**

Mental illness is a serious problem among the City of Pasadena's homeless population. The data collected from survey respondents describes a homeless sub-population filled with psychotic and mood disorder/depressive symptoms including bi-polar symptoms. Key findings include:

1. Of 211 survey respondents, 120 adults representing 56.1% of survey respondents reported symptoms of mental illness;
2. 60 or 28.6% of survey respondents stated that they have psychotic symptoms;
3. 86 or 41.0% of survey respondents stated that they have a mood disorder/depressive symptoms;
4. 79 or 38.0% of survey respondents stated that they have bipolar type symptoms.

### **F. Foster Care**

There is a troubling link between foster care and homelessness among the city's homeless population. Nearly one out of 10 (9.4%) of survey respondents stated that they have been in the foster care system. Thus, leaving care and entering adulthood has been a difficult transition for a noteworthy number of youth who are vulnerable to homelessness at the start of adulthood. Key findings include:

1. Nearly 10% (9.4%) of survey respondents had been in the foster care system;
2. Sixty percent (60) of survey respondents who had been in the foster care system were living on the streets during the time of the survey;
3. Nearly 60% of survey respondents (58.4%) stated that they had been living on the streets for one (1) year or more.

### **G. Physical Assault**

The City of Pasadena's homeless population not only reported that they experienced domestic violence while living in homes but experienced violence while living on the streets as well. Key findings included:

1. Nearly 20% (17.8%) of survey respondents stated that they had experienced assault while living on the streets;

2. Nearly every person (90.9%) who was physically or physically and sexually assaulted while living on the streets was still living on the streets.

#### **H. Veteran Status**

Homeless veterans, like other homeless persons, share a variety of factors that contribute to their homelessness such as health care problems, mental illness, substance abuse, and lack of income. There is, however, one difference between homeless veterans and the rest of the homeless population—their military service in defense of their country. Key findings include:

1. Nearly one (1) out of four (4) male survey respondents were veterans;
2. Nearly one (1) of four (4) or 23.7% of men between the ages of 40 – 54 was a veteran;
3. Nearly every survey respondent (93.4%) who was a veteran was living on the streets.

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For more information concerning the count and survey see the following web site

[www.homeless-research.com](http://www.homeless-research.com)

## **I. Executive Summary**

If the City of Pasadena is going to end homelessness within its jurisdiction than four (4) primary strategies must be implemented. They include:

1. Ending Chronic Homelessness;
2. Supporting Existing Homeless Services;
3. Expanding Existing Homeless Services;
4. Strengthening Homeless Prevention Efforts.

Recommendations based on findings concerning each of these strategies follow. Potential funding sources for each of the recommendations are also provided. In addition to the funding sources, the Network also recommends that the City of Pasadena pursue identification of supplemental resources to ensure a dedicated stream of funding that can also be used to help finance the recommendations.

### **1. Ending Chronic Homelessness**

Chronic homeless persons are the “most-visible” and “hardest-to-reach” of all homeless persons. The Department of Housing and Urban Development (HUD) defines chronic homelessness as

“A person who is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.” A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.”

Chronic homeless persons make up 15% of the city’s homeless population over the course of a year. This means that approximately 540 (or 15%) of the approximately 3,600 people who became homeless during the past 12 months were homeless during the entire 12 month period of time.

Most, if not all, chronically homeless persons exit their life from the streets through case management services that help them obtain and maintain permanent affordable supportive housing or permanent affordable housing. Also, most chronically homeless persons ultimately engage in case management and obtain and maintain permanent affordable supportive housing or permanent affordable housing because of the persistent efforts of street outreach teams.

### **Recommendations and Funding**

The Pasadena Housing and Homeless Network (Network) recommends the following actions related to non-residential and residential programs in order to end chronic homelessness in Pasadena:

- A. establish an additional street outreach team consisting of a Street Outreach Worker and Health Care Outreach Worker that would provide services primarily to the chronically homeless.**

This street outreach team would compliment the existing street outreach teams that provide mental health and general case management services. One existing street outreach team is operated by Pacific Clinics as part of its Passageways program. The other is known as Homeless Outreach Psychiatric Evaluation (HOPE) which consists of two (2) teams that each has an officer of the Pasadena Police Department and a mental health case manager of the L.A. County Department of Mental Health.

### **Funding for Recommendation**

Funding for this recommendation consists of public and private sources such as Proposition 63 and private foundations and private donations. The Network recommends that the City support non-profit agencies that apply for Proposition 63 funds. Proposition 63, known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services, which includes outreach, medical care, short and long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation.

- B. ensure that the City's Intake/Outreach/Assessment center continues to receive renewal funding from the Department of Housing and Urban Development (HUD).**

The entry point into the City's homeless continuum of care system offers a wide-range of services under one roof that includes health care, mental health care, and substance abuse counseling and treatment. These services assist chronic houseless persons with obtaining and maintaining appropriate housing.

### Funding for Recommendation

This activity is eligible to receive renewal funding each year through the City's annual Continuum of Care application to HUD as long as the activity is performing satisfactorily. Funding renewals is a priority within HUD's application. Every year this activity is eligible to continue to receive its current level of funding.

#### **C. expand permanent supportive housing opportunities**

##### **i. establish a "Safe Haven" permanent supportive housing program.**

A "Safe Haven" permanent supportive housing program provides residential units on a leased-basis. The housing is for chronically homeless, mentally ill individuals who are unable or unwilling, because of their illness, to comply with the rules of traditional shelters and transitional housing programs. Safe Havens are low-demand, high expectation programs with few initial requirements other than the clients abstain from alcohol and/or other drug use on the premises and not exhibit threatening behavior. High expectations reflect the probability that with time and appropriate, non-threatening services, clients will become more amenable to accepting medications and other stabilization services as a first step toward obtaining appropriate housing, services, and benefits.

### Funding for Recommendation

Funding for this residential program will come from three (3) primary sources:

- HUD's Supportive Housing Program

Grants are for new construction, acquisition, rehabilitation, or leasing of buildings to provide transitional or permanent housing, as well as supportive services to homeless individuals and families and day-to-day operating costs.

- California Multifamily Housing Program (MHP): Special Needs Populations.

MHP funds are provided as permanent financing only, and may be used to take out construction loans used to cover normal project development (capital) costs.

- Housing Opportunities Fund

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from

in-lieu fee payments), California Housing Finance Agency HELP funds, California Dept. of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

## **ii. apply for additional Shelter Plus Care Certificates**

The Network also recommends that the number of Shelter Plus Care tenant-based and sponsor-based rental assistance certificates be increased. Shelter Plus Care assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services. The goal of Shelter Plus Care is to increase the participants' independent living skills. Tenants pay no more than 30% of their monthly income for rent.

### Funding for Recommendation

The Network recommends that the City of Pasadena apply for Shelter Plus Care tenant-based rental assistance certificates and a non-profit applicant apply for sponsor-based rental assistance certificates through HUD's annual Continuum of Care application. The City has applied successfully to HUD for Continuum of Care funding for a wide-range of permanent supportive housing that has included Shelter Plus Care tenant-based rental assistance certificates during the past nine (9) years.

## **iii. produce more efficiency units for single room occupancy**

The Network also recommends an increase of efficiency units for single room occupancy. These units would not serve the same population as the proposed Safe Haven Program. The units would be for homeless persons who were chronically homeless for other reasons (e.g., substance abuse). These persons may have a permanent disability and/or limited income and not have to pay more than 30% of their monthly income for housing costs.

### Funding for Recommendation

The Pasadena Housing and Homeless Network (Network) recommends that the City of Pasadena apply for efficiency units for single room occupancy through HUD's annual Continuum of Care application under Section 8 Moderate Rehabilitation SRO. Applying for efficiency units for single room occupancy under Section 8 Moderate Rehabilitation SRO would require rehabilitation of a selected property. To be eligible for rental assistance, a unit must receive a minimum of \$3,000 of rehabilitation. HUD notes that assistance provided under the SRO program is designed to bring more standard SRO units into the local housing supply (than the Supportive Housing Program) to assist homeless persons. HUD also notes that "the units might be in a rundown hotel, a Y, an old school, or even in a large abandoned home."

## **2. Supporting Existing Homeless Services**

Every day homeless service providers supply resources to help people exit their lives from the streets of Pasadena. Approximately 3,600 adults and children become homeless while living in Pasadena each year and around 15% (540 persons) are chronic homeless persons and live on the streets for more than one (1) year. The other 85% (3,060 persons) are homeless less than one (1) year because of the services made available by homeless service providers.

Services made available by homeless service providers include residential and non-residential services. Residential services include emergency shelter, transitional housing, and permanent supportive housing. Non-residential services include specialized case management services such as employment, health care, housing placement, mental health care, substance abuse, and veteran services.

### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that the City continue to support the residential and non-residential activities of local homeless service providers who successfully help people exit their lives from the streets. Therefore the Network recommends the following:

- A. that each of the activities that are currently receiving funding through HUD's Continuum of Care application continue to receive renewal funding as long as they are performing satisfactorily.**

Each year HUD issues a Continuum of Care application that provides funding for existing activities already funded through previous Continuum of Care applications. Existing activities include:

- Permanent supportive housing for households in which one person is infected with HIV/AIDS. Upon admittance into the program, each HIV/AIDS-affected resident develops an individualized service plan in conjunction with the Support Service Coordinator and the case manager from the referring agency. Support Service Coordinators visit each resident in their home on a weekly basis to monitor progress in meeting the goals of the Individual Service Plan and to advocate on residents' behalf;
- Transitional housing that provides multiple case management services for men who are chronically mentally ill, substance abusers, or dually diagnosed. Case management services include health care, mental health care, and substance abuse counseling and support services;



- Transitional housing program for families that provides case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing;
- Transitional housing program that provides case management services for single women who are chronic substance abusers. Residents also receive case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing;
- Intake/Outreach/Assessment Center that serves as the city's entry point into the continuum of care system. There is no other activity in Pasadena where homeless people can go to have such a broad range of needs met in one place. Instead of spending days going from agency to agency for various needed services, homeless people are able to receive a wide range of services in a matter of hours. Case managers develop individualized case management plans with clients with short- and long-term objectives in order to obtain permanent housing;
- Permanent supportive housing program for persons in substance abuse recovery. Residents receive case management services in order to ensure that they are able to maintain their recovery and live independently;
- Homeless Management Information System which is a networked computerized record-keeping system that enables the City of Pasadena and homeless service providers to collectively perform a number of activities that have never been done with the City's continuum of care system. Such activities would include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders. The City of Pasadena is collaborating with the Los Angeles Homeless Services Authority, the County of Orange, and the Cities of Glendale and Long Beach to develop a regional HMIS system.

### Funding for Recommendation

The Network recommends that each of the programs continue to receive renewal funding as long as they are performing satisfactorily. The opportunity to renew each program each year is provided in HUD's annual Continuum of Care application. Each of these programs has been receiving renewal funding in the past.

### **3. Expanding Existing Homeless Services**

Every day homeless service providers supply resources to help people exit their lives from the streets of Pasadena. In order to help homeless service providers become more effective, gaps in services for homeless persons (including chronic homeless persons) need to be filled.

### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that residential and non-residential programs be expanded to fill gaps within the city's homeless continuum of care system. Recommendations concerning gaps in services include:

#### **A. expanding the number of days, hours, and case management services of the Bad Weather Shelter**

The Pasadena Housing and Homeless Network (Network) recommends that the Bad Weather Shelter be open 60 consecutive nights instead of 30 consecutive nights beginning with the 2005-2006 winter season. In the past, the shelter has opened on a temperature/rain activation basis during December and February through March and for the whole month of January regardless of temperature/rain, and has been open on an average of 60 nights per winter season. The Network also recommends that the shelter open at 7:00 pm every evening instead of 8:00 pm.

The Network also recommends that enhanced case management staff and services be added to the Bad Weather Shelter beginning with the 2005-2006 winter season. Because the current emphasis of shelter is hypothermia prevention, case management services are now offered on a limited basis.

The Network believes that only shelters that emphasize case management offered by well trained staff with access to services can effectively help homeless persons exit their lives on the streets and obtain permanent affordable housing. Every day homeless service providers help homeless households obtain and remain in permanent affordable housing. Such success is due in part to efficient case management staff and services offered by local shelters. The Bad Weather Shelter currently does not have as much case management capacity as other providers within the city's continuum of care system. Adding such resources would significantly increase the number of households who use the shelter as a way off the streets.

It is important to note that more chronically homeless persons use the Bad Weather Shelter each year than any other residential program. This provides the community with a unique opportunity to reach people who otherwise do not make contact with the continuum of care system.

#### Funding for Recommendation

- Bad Weather Shelter

As noted below, total costs for the expansion of days and hours of operations, and enhanced case management staff and services for the Bad Weather Shelter would be approximately \$120,000—approximately \$100,000 for personnel costs and approximately \$20,000 for non-personnel costs. There are other costs related to the program such as food and supplies that are provided in-kind from volunteer groups that are not included in the total budget amount of \$120,000.

Revenue from the City of Pasadena would be increased from \$40,000 to \$60,000. The Ecumenical Council of the Pasadena Area Churches would provide the other half of funding in the amount of \$60,000.

#### **B. expanding the continuum of care's substance abuse treatment services to include an entry point into substance abuse recovery**

Another recommendation concerns a “First Step Recovery” program or “sobering station”. The purpose of this program is to stabilize homeless individuals who are under the influence of alcohol and/or other drugs so they can access other case management services in order to exit their lives from the streets.

This program would have 15 beds of which two (2) beds would be available for law enforcement on a 24-hour basis. A minimum stay of five (5) days is anticipated and extensions would be made on a case-by-case basis. All residents would work with highly-trained and experienced staff and establish a case management plan. Case management would include an intake and assessment and access to 12-step meetings, alcohol and drug education, and a mentoring program.

#### Funding for Recommendation

The Network recommends that funding for the First Step Recovery Program come from various public and private funding sources listed below. An annual budget including start-up costs would be approximately \$555,000. Public and private funding sources would include 1) Emergency Housing and Assistance Program Operating Facility Grants (EHAP) which provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families; 2) Emergency Housing and Assistance Program Capital Development which funds capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and

families; and 3) Substance Abuse Prevention and Treatment Block Grants which funds alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs.

### **C. expanding the number of units/beds of transitional housing with case management services for families**

The Pasadena Housing and Homeless Network (Network) recommends that an additional 16 beds of transitional housing be increased for families during the first year of implementation of the strategy. Transitional housing, as defined by HUD, is the provision of beds/units for residents for up to two (2) years with on-site and off-site case management services. The Network believes that only transitional housing programs with professional case management staff and services should be supported.

The Network also believes that the increase in transitional housing beds/units should be for families because families often need more time to become self-sufficient than what shelters allow. Shelters generally allow a family to stay for 60 days with extensions when needed. Often, a parent(s) needs more time to stabilize themselves because of the needs of their children. Transitional housing provides temporary housing for up to two (2) years which allows a parent(s) the time needed to stabilize themselves and their children.

#### **Funding for Recommendations**

Funding for acquisition and rehabilitation for each of the homes would come from the Emergency Housing and Assistance Program Capital Development (EHAPCD) provided by the State of California Housing and Community Development Department. Up to \$1,000,000 is available to fund capital development activities for emergency shelters and transitional housing that provide beds and supportive services for homeless individuals and families. Costs for the day-to-day program operations would be approximately \$177,000. Funding to pay for day-to-day program operations could potentially come from public grants, private grants, in-kind services, leveraging, and private donations.

## **4. Strengthening Homeless Prevention Efforts**

U.S. Census Data for 2000 notes that nearly 30,000 residents of Pasadena are members of households with an estimated household income of less than \$15,000. These residents, which make up approximately 10,000 households, are the-most-at-risk-to-homelessness. According to the U.S. Department of Health and Human Services, 5% of a community's low income households will experience homelessness annually. Five percent (5%) of 10,000 households equals 500 households. These households will become homeless during the next 12 months if they do not receive free "supplemental resources".

Also, it is important to note that at-risk-to-homelessness households often state that they wish they had learned about all the homeless prevention resources before becoming homeless rather than after becoming homeless. They believe that the resources they learned about after becoming homeless would have prevented them from becoming homeless if they could have accessed them prior to becoming homeless.

### **Recommendations and Related Funding**

The Pasadena Housing and Homeless Network (Network) recommends that a greater level, intensity, and concentration of community outreach and education efforts concerning homeless prevention should be implemented. A much greater level, intensity, and concentration of community outreach and education efforts should include the following activities:

#### **A. implement a “Good Neighbor Program”**

A public and private “Good Neighbor Program” partnership will increase the number of community groups and individuals and the amount of resources available to prevent households at-risk-to-homelessness from losing their housing and becoming homeless. Under the direction of a “lead agency,” local congregations, neighborhood associations and groups, other local community groups and individuals, and local government representatives would be the core supporters of a “Good Neighbor Program” and share in the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood.

Neighboring groups and individuals would supply the Good Neighbor Program “lead agency” with homeless prevention resources such as food, clothes, and private funding for utility and/or rental assistance. Neighboring groups and individuals would also help their neighbors receive help by directing them to the Good Neighbor Program lead agency for homeless prevention resources. In addition, they could also help their neighbors receive help by implementing a city-wide homeless prevention communication strategy.

#### **Funding for Recommendations**

It is estimated that the “Good Neighbor Program” will serve at least 500 households who are most-at-risk-to-homelessness during the first year of operations of the program at an annual cost of approximately \$1,500 per household or more than \$700,000 for 500 households annually.

Each of these households will need between one (1) and two (2) supplemental resources per month or up to 24 supplemental resources per year. The average supplemental resource is approximately \$50 to \$100 as noted in the table below. Also

noted in the table is the annual amount of \$746,250 for homeless prevention resources which breaks down to approximately \$1,500 worth of supplemental resources per household per year.

Expenses	Funding Sources	Units of Service	Cost Per Unit of Service	Total Costs for Units of Service
<b>Non-Personnel:</b>				
<b>Supplemental Resources:</b>				
Clothing	In-Kind; Private Donations	3,000	\$50	\$150,000
Food	In-Kind, FEMA EFSP program	3,000	\$40	\$120,000
Health Care	Medi-Cal; Medicare, Public and Private Foundations	2,000	\$100	\$200,000
Household items	In-Kind; Private Donations	1,000	\$50	\$50,000
Landlord – Tenant Mediation	Housing Trust Fund; CDBG funds; Private Donations	250	\$100	\$25,000
Legal Services (e.g. eviction proceedings)	Private Donations;	25	\$250	\$6,250
Utility Assistance	Emergency Shelter Grant; United Way Utility Assistance Program; Private Donations	500	\$100	\$50,000
Rental Assistance	HOME; Emergency Shelter Grant; Private Donations	100	\$1,000	\$100,000
<b>Communication Strategy:</b>				
Printing, Design, web site, phone line, etc.	In-Kind Services; Private Donations	500	\$10	\$5,000
<b>Personnel:</b>				
Case Manager	Public and Private Foundations; Private Donations	500	\$80	\$40,000
			<b>Total:</b>	<b>\$746,250</b>

## B. implement a “Discharge Planning Program”

The second recommendation concerning homeless prevention is a “Discharge Planning Program”. The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they “develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care.” These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions.

The purpose of developing and implementing a “Discharge Planning Program is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. Discharge planning prepares a homeless person while in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and effectiveness.

The Pasadena Housing and Homeless Network (Network) has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program. The Committee has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. The Committee has been meeting each month for the past year. Participants include representatives from some of the agencies that discharge people back into the community.

#### Funding for Recommendations

- “Discharge Planning Program”

As noted above, the Network has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program which has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. Costs for these activities (estimated at \$12,000) are off-set by in-kind planning services from the agencies that are committee members and those agencies discharging people from their care.

The Committee will continue to meet each month. During this time the committee will make recommendations concerning a Discharge Planning Program and related costs. The program, costs, and sources of funding will be outlined in the City of Pasadena 10-Year Strategy to End Homelessness One-Year Action Plan (2006-2007).

#### **C. Hire a “Homeless Coordinator”**

The third recommendation concerning homeless prevention is to hire a full-time “Homeless Coordinator” whose duties would include managing the “Good Neighbor Program” and the “Discharge Planning Program” and other programs and tasks such as a Mainstream Resource Program and an Annual Unmet Continuum of Care Need/Gap Analysis required by HUD which are later described in this report.

It is critical that a full-time “Homeless Coordinator” be hired to manage the “Good Neighbor Program”, the “Discharge Planning Program”, and other important activities noted in this report. Such crucial recommendations will not be implemented effectively unless a full-time “Homeless Coordinator” is given managing responsibilities to help carry out the recommendations noted above while working closely with community representatives.

There are many representatives that are employed by homeless service providing agencies that include within their duties participation in the Network and sub-committees such as the “Discharge Planning Program Committee”. Representatives from these homeless service providing agencies simply do not have the time to carry out all of the responsibilities of each of the recommendations—a full-time “Homeless Coordinator” would.

It is recommended that the Homeless Coordinator be a City of Pasadena employee. All of the homeless coordinators for the local jurisdictions noted above are an employee of the local jurisdiction. The Homeless Coordinator should work within, and be supervised by, the Department of Planning and Development's Housing and Community Development Division.

### Funding for Recommendations

- "Homeless Coordinator"

Cost for a Homeless Coordinator will be \$81,000 annually. Funding for a Homeless Coordinator will come from the following sources: Pasadena Housing Trust Fund and Supportive Housing Program (Administration).

### **Other Recommendations**

There are other recommendations made by the Pasadena Housing and Homeless Network (Network) in this report. Recommendations focus on monitoring funding cuts to federal funding sources that have been granted to the City of Pasadena and homeless service providers in the past. Two sources of funding that should be closely monitored are Community Development Block Grant and Section 8 Housing Choice Voucher Program. Funding for these programs may be cut in the near future.

There are funding cuts for FY 2006 that should also be monitored. Funding cuts include

- Housing for Persons with Disabilities (Section 811) which is being cut from \$238 million in FY 2005 to \$120 million in FY 2006;
- Housing Opportunities for People With AIDS (HOPWA) which is being cut from \$282 million in FY 2005 to \$264 million in FY 2006;
- Substance Abuse and Mental Health Service Administration Homelessness Funding which is being cut from \$46 million in FY 2005 million to \$36 million in FY 2006;
- Community Services Block Grant which is being eliminated—there was \$637 million in FY 2005 and is being cut to \$0 in FY 2006.

Other recommendations also concerned "community issues". Community issues are defined as illegal or legal activities by homeless persons or by individuals who want to help them and that are of concern to the Pasadena Housing and Homeless Network. Such concerns were activities that were primarily related to parks, libraries, and law enforcement.

#### **A. Concerning Parks**

Those issues that were identified as areas of concern and related recommendations are as follows:



1. distribution of prepared/unprepared food and food items picked up from neighboring stores, restaurants, etc. by community groups and individuals;
2. sleeping in parks;
3. sleeping in cars within park parking lots;
4. bathing and washing clothes in park bathrooms;
5. alcohol and other drug use on park premises;
6. storing personal property in parks;
7. urination and defecation in public.

**Recommendation 1:** discourage community groups from distributing food and clothing in parks through existing ordinances;

**Recommendation 2:** encourage them to distribute such items through existing social service programs such as the proposed Good Neighbor Program through community outreach and education;

**Recommendation 3:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks;

**Recommendation 4:** have park staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by in-kind services from community members and by existing park staff, police officers, and street outreach workers.

#### B. Concerning Libraries

Those activities that were identified as areas of concern and related recommendations are as follows:

1. sleeping on the grounds of the library;
2. bathing and washing clothes in bathrooms;
3. alcohol and other drug use on premises;
4. storing personal property on premises;
5. sleeping inside the building;
6. using tables and chairs for long periods of time.

**Recommendation 1:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks;

**Recommendation 2:** have library staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing library staff and security personnel, police officers, and street outreach workers.

#### C. Concerning Law Enforcement

Those activities that were identified as areas of concern with recommendations fall within two groups—those that are not a crime and those that are a crime.

The following activities, which are common activities for some homeless persons, are often considered as negative impacts by businesses and residents but are not a crime unless accompanied by other behaviors that are crimes:

1. loitering;
2. sleeping in public;
3. panhandling (not done aggressively);
4. sitting/lying/leaning;
5. washing windshields;
6. street performances.

**Recommendation:** continue to enforce existing laws and regulations concerning each of the behaviors noted above.

The following behaviors, which are common activities for some homeless persons, are considered crimes and are enforceable by police officers:

1. aggressive panhandling;
2. bathing in public places;
3. camping in unauthorized public and private places;
4. drinking in public;
5. entering/sleeping in vacant buildings;
6. possession of an owner's shopping cart;
7. storing property without permission on public or private property;
8. urination/defecation in public.

**Recommendation:** continue to enforce existing laws and regulations concerning those behaviors that are crimes.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing law enforcement personnel.

## **II. Formulating A Strategy to End Homelessness**

### **A. Background**

#### **1. What Is A 10-Year Strategy to End Homelessness?**

A 10-Year Strategy to End Homelessness is

- Designed to address the critical problem of homelessness and all related issues through a coordinated community-based process of identifying needs and building a system of care to address those needs;
- Predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social;
- Based upon a community-wide public and private strategy with a goal of ending homelessness in Pasadena that is supported by the successful implementation of three (3) major community-coordinated actions—(1) building infrastructure; (2) strengthening an existing continuum of care system; and (3) planning for sustainable outcomes.

#### **2. Who Is Completing A 10-Year Strategy to End Homelessness?**

Nearly 200 cities are currently completing “A 10-Year Strategy to End Homelessness,” according to the United States Interagency Council on Homelessness, a federal agency established by Congress to be responsible for supporting and encouraging local jurisdictions to develop and implement 10-Year strategies.

The U. S. Conference of Mayors has recently extended the Bush Administration’s challenge to the 100 largest cities and smaller cities to complete 10-Year Strategies to End Homelessness. In June of 2003 the Mayors Conference unanimously passed a resolution that “strongly encourages cities to create and implement strategic plans to end homelessness in 10 years.”

#### **3. Why Is A 10-Year Strategy to End Homelessness Important?**

Completion and implementation of 10-Year Strategies have helped communities fulfill strategic goals and objectives that result in preventing homelessness and ending it. Such goals and objectives include:

- Prevention of homelessness for persons living in poverty (particularly among those who are already clients of other social service systems and public institutions such as hospitals, jails, and foster care);
- Re-housing options that improve cost-efficiency and ensure long-term stability;

- Improving the availability of affordable housing, creating a livable wage, and providing necessary support services for people at the lowest end of the economic spectrum;
- Collection of accurate data in order to improve system-wide effectiveness in preventing and ending homelessness;
- Analyzing data and evaluating outcomes in order to identify the most effective strategies for each subgroup of the homeless population.

Successfully implementing a long-range community-based coordinated action plan in Pasadena is important because current homeless services programs end homelessness for people every day, but they are soon replaced by others who become homeless. Some expected results from doing a coordinated long-range plan are:

- Significant savings from reduced usage of publicly funded services (i.e. jails and emergency room services)
- Cleaner, safer streets;
- Supportive housing retention of 80% or greater;
- Better tracking of outcomes and resource allocation.

#### **4. How Will This Planning Strategy Be Different From Past Planning Strategies?**

The 10-Year Strategy to End Homelessness will be different from past planning strategies by promoting the implementation of a new federally-supported approach to ending homelessness that is described as “**Closing the Front Door**” and “**Opening the Back Door**” to homelessness. An increasing number of local jurisdictions are in the process of implementing this approach as a cornerstone of their strategic planning process.

##### Closing the Front Door

**Closing the Front Door** to homelessness means preventing households from becoming homeless. The 10-Year Strategy will focus on strengthening existing and creating new partnerships and resources to help low-income people, some of which are clients of public systems of care (i.e., mental health system, public health system, the welfare system, foster care system, persons on fixed incomes, etc.) remain “housed” because they are the ones who are “most-at-risk” to homelessness.

Current nonprofit service providers successfully help homeless households obtain and maintain housing. However, everyday those newly housed homeless persons are replaced by other persons/households who become homeless as part of an often

unseen daily cycle of housing displacement. Too many residents in Pasadena are members of households with limited incomes who have great difficulty paying or unable to pay their housing.

According to the U.S. Census Bureau, in 2000, there were more than 50,000 residents of Pasadena (or more than one of every three residents) who were members of a household whose income was \$25,000 a year or less. Of these households, more than 5,000 households, consisting of nearly 15,000 residents, were members of a household whose income was less than \$10,000. The City of Pasadena 2004 Homeless Survey revealed that 90% of people who are homeless in the city on a given day had an annual income of \$10,000 or less.

A household with an annual household income of \$10,000 is severely rent-burdened. The generally accepted standard for housing affordability is that households should not spend more than 30% of their income on rent and utilities. Accordingly, a household with an annual income of \$10,000 should not spend more than \$3,000 a year or \$250 a month, which is far below average monthly market rates for Pasadena.

Average monthly market rents in Pasadena for a modest two-bedroom, one-bath unit, however, are around \$1,000. In order to afford a monthly rent of \$1,000, a household needs to earn at least \$40,000 per year, or \$19.23 per hour. Average monthly market rents in Pasadena for a modest one-bedroom, one-bath unit are around \$800. In order to afford a monthly rent of \$800, a household needs to earn at least \$32,000 per year, or \$15.38 per hour.

What is particularly notable is that persons on fixed incomes such as elderly and/or disabled persons do not have a monthly income adequate to meet the city's rising housing costs. Such fixed incomes often range under \$1,000 per month or \$12,000 annually. A household with an annual income of \$12,000 should not spend more than \$3,600 a year or \$300 a month, also far below average monthly market rates for Pasadena.

Persons making the minimum wage in California do not make enough to pay average rents in Pasadena either. At \$6.75 per hour, two full-time minimum wage workers would each need to work approximately 58 hours per week to afford \$1,000 in rent for a modest two-bedroom, one-bath unit.

In summary, lower income households are spending 70% or more of their income on housing costs, which does not leave much money for adequate food, childcare, transportation, healthcare costs, etc. Persons on fixed incomes of \$12,000 spend nearly 80% of their fixed income on a modest one-bedroom unit and would have to spend 100% of their fixed income for a modest two-bedroom unit. A full-time minimum wage worker has to spend 70% of their monthly income for a modest one-bedroom unit and 85% of their monthly income for a modest two-bedroom unit.

## Opening the Back Door

**Opening the Back Door** to homelessness means to re-house homeless people as quickly as possible by placing them in affordable permanent housing with on-site and/or off-site social services. People should not spend months and years living on the streets and/or in shelters, due to the lack of affordable housing.

Many low income households reside in weekly motels, often considered defacto homeless shelters, which are more expensive monthly than apartments. Households reside in these motels due to numerous factors, which include low wage earnings, poor credit history and/or inability to save enough for move in expenses. Many households reside in motels until their money runs out, and then reside in shelters as a monthly cycle of homelessness.

Some of these households may be considered chronically homeless. Most chronically homeless persons are unlikely to generate enough earnings through wages to pay for their housing and non-housing expenses. They may have some income from wages and/or public benefits (e.g., Social Security - Disability Income (which is approximately \$700 per month) but require long-term housing subsidization because their disabilities are a barrier to full-time employment at a livable wage. Affordable long-term housing needs to be linked to on-site and/or off-site social services to assist residents with the tools to maintain self-sufficiency.

The 10-Year Strategy to End Homelessness will be different from past planning strategies because it will plan for sustainable outcomes that will be based on information not available previously. Two sources of information now available are "The City of Pasadena 2005 Homeless Count" and "The City of Pasadena 2004 Homeless Survey."

The City has also received funding to implement a Homeless Management Information System (HMIS) which began in April of 2005. The system will enable local homeless service providers to collectively perform a number of activities that have never been done extensively within the City's continuum of care system. Such activities would include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders.

Many private foundations have recently launched important initiatives tailored to specific homeless populations and their urgent needs. These funders are increasingly requiring efficient financial and program outcomes for initial funding. This link between fiscal and programmatic accountability will streamline funding decisions within the continuum of care system for future years and be based on performance objectives and outcomes. The local Continuum will also set milestones as a city-wide effort to effectively coordinate service provisions to assist homeless clients rapidly move from the streets to

permanent housing solutions. The HMIS technology will create this streamlined intake and referral process in addition to tracking outcomes and progress of clients and agencies within the continuum of care system.

## **B. Community Process**

### **1. Community Working Group**

The 10-Year Strategy to End Homelessness was built upon an infrastructure of community-wide participation. Community-wide infrastructure included a Community Working Group made-up of local representatives who are committed to ending homelessness in Pasadena. The Community Working Group met once a month for 15 months (February 2004 through April 2005) for the primary purposes of 1) identifying and defining community issues and problems concerning homelessness; and 2) making recommendations to resolve the community issues and problems concerning homelessness. More than 150 representatives from government agencies, non-profit agencies, faith-based organizations, neighborhood associations, business associations, community service organizations, homeless and formerly homeless persons, public and private institutions of care, public assistance providers, private foundations, banks and other lending institutions, affordable housing developers and providers, and educational institutions participated in Community Working Group meetings..

### **2. Community Outreach**

There were several community outreach meetings that included representatives from local government, business associations, and neighborhood associations. The purpose of these meetings was to inform representatives about the strategy and solicit their input. A list of these meetings can be found in Appendix A.

### **3. Pasadena Housing and Homeless Network**

Community-wide infrastructure also included the Pasadena Housing and Homeless Network which is co-chaired by a local public and private representative who are committed to ending homelessness in Pasadena. The Network, which began in 1991, has grown into a diverse group of public and private agencies committed to ending local homelessness. The Network met once a month to examine the findings and recommendations made by the Community Working Group. Thus, the findings and recommendations in this report are the result of the Network's monthly assessments.

## **C. Annual Action Plans**

Annual Action Plans will translate the strategies into concrete steps each year that will include a) specific activities and the person(s) or groups responsible for executing them; b) related costs and funding sources; 3) timelines; and 4) performance outcomes. The first Action Plan will be 2006 – 2007.

### III. Implementing A Strategy to End Homelessness

#### A. Introduction

In order to end homelessness in Pasadena, the Pasadena Housing and Homeless Network (Network) first divided the city's homeless population into three (3) groups of persons (made up of families and individuals) who generally need supportive services (i.e., employment, health care, public benefits assistance, mental health care, etc.) through case management and in order to obtain and/or remain in affordable housing.

The three (3) groups of persons are:

1. Families and Individuals who are presently housed but are at-risk-to-homelessness;
2. Families and Individuals who are 1) living on the streets; and 2) in shelters and transitional housing programs (including those that serve victims of domestic violence and foster care youth);
3. Families and Individuals who were homeless and obtained permanent affordable housing but remain at-risk-to-homelessness.

#### B. Findings and Recommendations

The Pasadena Housing and Homeless Network (Network) compiled a list of findings and recommendations concerning each of the three (3) groups of at-risk-to-homelessness and homeless persons noted above. Findings and recommendations concerning the first of the three groups are as follows.

##### **1. Concerning Families and Individuals who are presently housed but are at-risk-to-homelessness**

##### Findings

There are four (4) key findings concerning at-risk-to-homelessness persons. The **first finding** is that there are approximately 50,000 adults and children living in Pasadena that are members of households with an estimated household income of less than \$25,000 according to the 2000 U.S. Census. Many of these households are at-risk-to-homelessness. Of these 50,000 persons, nearly 30,000 are members of households with an estimated household income of less than \$15,000. These households are the most at-risk-to-homelessness.

What makes these households at-risk-to-homelessness is the "overpayment" for their housing. Overpayment, as defined by the Federal Government, refers to a household paying more than 30% of their gross income for rent or mortgage including costs for utilities, property insurance, and real estate taxes.



Households with an estimated household income of less than \$25,000 usually pay more than 30% of their gross income for rent or mortgage. For example, households with an estimated household income of \$15,000 pay as much as 67% of their income for a one-bedroom apartment and utilities and households with an estimated household income of \$25,000 pay as much as 50% of their income for a two-bedroom apartment.

The **second finding** notes that local anecdotal information underlines the fact that most households at-risk-to-homelessness did not know about, or how to access, services that could have helped them remain in their housing until after they lost their housing. Such services include case management, landlord/renter intervention and mediation, rent/mortgage/utility assistance, code enforcement, free or sliding scale health care, free food and clothing, and other services that prevent homelessness.

The **third finding** involves persons who are discharged from public and private systems of care into homelessness. Local data reveals that inadequate discharge planning has contributed to homelessness among people with serious mental illnesses and/or substance use disorders. In addition, corrections facilities have been discharging people to the streets without concern for a residential setting or reintegration and the foster care system has been aging out young adults at 18 who immediately obtain housing but remain at-risk to homelessness or who do not immediately obtain housing.

Passageways, which serves as the entry point into the city's continuum of care system for homeless persons, reports that local "discharging" institutions refer 100 individuals annually that have no home upon discharge. Because of such short notice, Passageways staff is often unable to find temporary or permanent housing for these persons.

The **fourth finding** centers on the current relationship between homeless service providers and mainstream resource providers such as the Department of Public Social Services (DPSS) and the Social Security Administration (SSA). DPSS and SSA are the two (2) local agencies that have the most contact with the city's at-risk and most-at-risk to homelessness population. DPSS and SSA staff, however, does not provide detailed information to their clients about all of the homeless prevention resources that are available to their clients from local homeless service providers. This is due to the fact that there is limited service planning coordination between the two (2) groups of service providers and a lack of printed materials that detail local homeless prevention resources.

### Recommendations

There are three (3) recommendations concerning homeless prevention. They are: a) the "Good Neighbor Program"; b) a "Discharge Planning Program"; and c) a "Homeless Coordinator" that is a full-time employed individual whose duties include managing the "Good Neighbor Program" and the "Discharge Planning Program".

#### a. Recommendation 1: “Good Neighbor Program”

The Pasadena Housing and Homeless Network believes that a public and private “Good Neighbor Program” partnership will increase the number of community groups and individuals and the amount of resources available to prevent households at-risk-to-homelessness from losing their housing and becoming homeless. With the leadership of a “lead agency”, local congregations, neighborhood associations and groups, other local community groups and individuals, and local government representatives should be the core supporters of a “Good Neighbor Program” and share in the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood—particularly the Community Development Block Grant Benefit Service Area, in which at least 51% of all households are either very-low, low-, or moderate income households (see map on following page).<sup>2</sup>

In other words, neighbors would help neighbors from becoming homeless. Neighboring groups and individuals would supply the Good Neighbor Program “lead agency” with homeless prevention resources such as food, clothes, and private funding for utility and/or rental assistance and direct their neighbors to the Good Neighbor Program “lead agency” to receive homeless prevention resources. In addition, they could also help their neighbors receive help by helping implement a city-wide homeless prevention communication strategy.

The Pasadena Housing and Homeless Network believes that a “Good Neighbor Program” should be implemented by a lead agency that receives and provides homeless prevention resources in collaboration with other community groups and individuals. Resources and related homeless prevention interventions include:

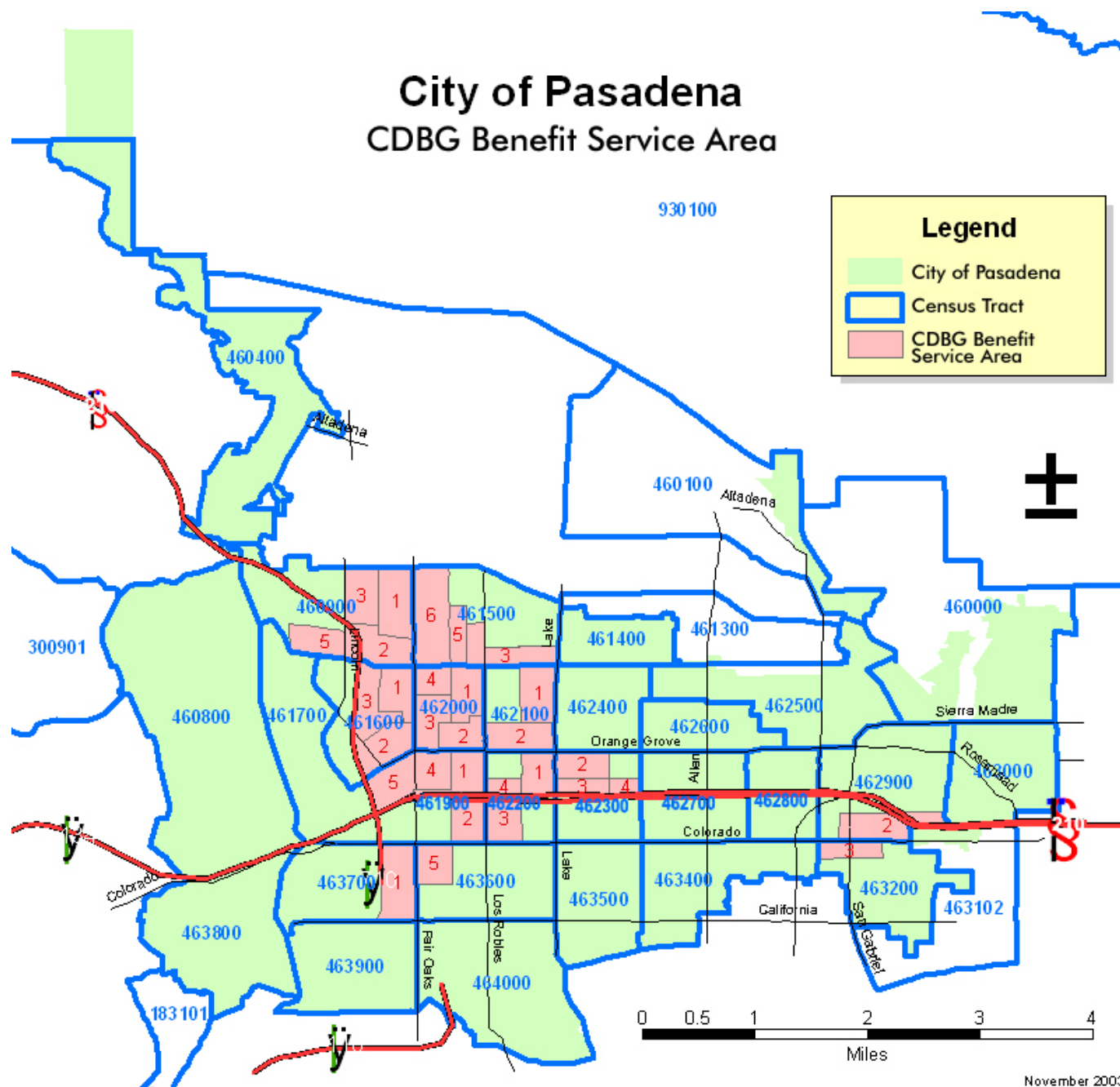
- a. providing adequate household assistance such as free food, clothing, and utility assistance in order for households not to have to choose between paying for daily basic living needs and paying their rent;
- b. providing case management services and referrals for households to employment services and mainstream resource programs (e.g. public assistance) in order to maintain or increase their household income;

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<sup>2</sup>Very low-income households have an annual income that is approximately \$15,000 or less; low-income households have an annual income that is approximately \$25,000 or less; and moderate income households have an annual income of \$40,000 or less.

# City of Pasadena

## CDBG Benefit Service Area



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- c. providing adequate emergency homeless prevention assistance such as rental assistance or utility assistance for households who are unable to afford to pay their rent or utilities;
- d. ensuring that households at-risk-to-homelessness know about, and how to access, homeless prevention services through community outreach and education.

This last homeless prevention intervention is notably important because at-risk-to-homelessness households often state that they wish they knew about all the homeless prevention resources before becoming homeless rather than after becoming homeless. They believe that such resources would have prevented them from becoming homeless if they could have accessed them prior to becoming homeless.

As a result, the Network believes that there should be a much greater level, intensity, and concentration of community outreach and education efforts concerning homeless prevention than ever before. Such efforts should include:

**i. working with neighborhood resource centers**

Existing neighborhood resource centers would provide community outreach and education efforts concerning homeless prevention. A neighborhood resource center is defined as a public or private agency site that provides community services to residents such as education, employment, health, and recreation. Examples of public sites include city sponsored community and recreation centers such as Jackie Robinson Center, Robinson Park, Victory Park, and Villa-Parke Community Center. Other examples of public sites include schools and the Pasadena Community Health Center. Examples of private sites include Boys and Girls Club of Pasadena, Mother's Club Community Center, and the Pasadena Senior Center.

Community outreach and education efforts at each of the sites would include:

- Regular and ongoing in-service trainings to staff that focuses on how to identify, counsel and refer at-risk-to-homelessness families and individuals;
- sponsoring workshops and forums that address issues related to at-risk-to-homelessness such as evictions, health and safety code violations, and rental and utility assistance;
- availability of printed materials concerning at-risk-to-homelessness.

## **ii. implementing a city-wide communication strategy**

A city-wide communication strategy would consist of several means of communication that provide at-risk-to homelessness families and individuals, and those groups and individuals that want to help them, with the necessary information and resources to prevent homelessness. Such means of communication would include:

- a “Homeless Prevention Resource Guide” that provides a description of, and contact information for, homeless prevention resources;
- “Homeless Prevention Week” that raises awareness concerning families and individuals who are at-risk-to homelessness and the resources available to help them;
- posters, flyers, and brochures containing contact information for those at-risk-to homelessness that would be:
  - made available at public counters including libraries, schools, post offices, and City Hall public service counters;
  - delivered for distribution at local committees, coalitions, and task forces meetings;
  - delivered to post and distribute at local community, educational, and recreational service centers and organizations including religious congregations;
  - made available to property owners and managers to distribute to renters.
- information concerning homeless prevention made available on a newly created web site ([homeless-prevention.com](http://homeless-prevention.com)) and existing web sites of community organizations including the City’s web site;
- Public Service Announcements that provide contact information for homeless prevention resources;
- a homeless prevention information phone line that provides a description of, and contact information for, homeless prevention resources;
- contact information enclosed in utility bills for homeless prevention assistance.

## **iii. collaborating with mainstream resource providers**

Homeless service providers and mainstream resource providers—particularly the Department of Public Social Services (DPSS) and the Social Security Administration (SSA)—would work more closely together to plan their service

delivery to at-risk-to homelessness families and individuals who are clients of DPSS and SSA. These two (2) local agencies have the most contact with the city's at-risk and most-at-risk to homelessness population.

Clients of DPSS and SSA would receive the printed information noted above that provides a description of, and contact information for, homeless prevention resources when they first come into contact with DPSS and SSA. In addition, DPSS and SSA staff would contact the Good Neighbor Program's lead agency on behalf of clients who are seriously at-risk-to becoming homeless and refer clients to the lead agency for necessary homeless prevention resources.

#### **iv. outreach to property owners and managers**

Community outreach and education efforts would also focus on developing awareness among owners and managers of supportive and other services that are available to assist their tenants who are at-risk-to-homelessness. Owners and managers are often willing to rent to low and moderate income households but are concerned that they will be left on their own to deal with situations that may arise if that household experiences a crisis. Making those owners and managers aware of support services that are available to the household, and encouraging them to inform the household of these services, may assist the household in accessing services that would preserve their tenancy. Outreach to owners would occur through contacts with local apartment owners associations and property management companies.

The Network also believes that there should be a much greater level, intensity, and concentration of efforts to provide adequate emergency homeless assistance services for households who lose their housing because of eviction (e.g. code violations) so they are re-housed as quickly as possible. During past years, there have been several large evictions involving dozens of households who had to leave their places of residences because of severe code violations.

Under the "Good Neighbor Program," local government, community agencies and local residents should provide resources for moving and rental assistance to re-house households as quickly as possible. Resources would include case management that helps households obtain housing and rental assistance if necessary.

The Pasadena Housing and Homeless Network also recommends expanding its number of sub-committees to include a "Homeless Prevention Sub-Committee." The committee would be co-chaired by a representative of the Ecumenical Council of the Pasadena Area Churches (ECPAC) and the Department of Human Services and Recreation's Neighborhood Connections. Other core members would include the Department of Planning and Development's Code Enforcement Services and the Housing Rights Center, which has been the City's fair housing service provider for the past several years.

## Funding for Recommendations

- “Good Neighbor Program”

It is estimated that the “Good Neighbor Program” will serve at least 500 households who are most-at-risk-to-homelessness during the first year of operations of the program at an annual cost of approximately \$1,400 per household or approximately \$700,000 for 500 households annually. According to the U.S. Department of Health and Human Services, 5% of a community’s poor households will experience homelessness annually.

U.S. 2000 Census Data notes that nearly 30,000 residents of Pasadena are members of households with an estimated household income of less than \$15,000. These residents are the-most-at-risk-to-homelessness and make up approximately 10,000 households. Five percent (5%) of 10,000 households equals 500 households.

Thus, the Network believes that at least 500 households who are most-at-risk-to-homelessness will become homeless each year unless each household receives supplemental resources. Supplemental resources are free of charge and include the following:

- clothing;
- food;
- health care;
- household items;
- landlord-tenant mediation;
- legal services;
- utility assistance;
- rental assistance.

The Network also believes that each of these households will need between one (1) and two (2) supplemental resources per month or up to 24 supplemental resources per year. The average supplemental resource is approximately \$50 to \$100 as noted in table 1 below. Also noted in table 1, is the annual amount of \$746,250 for homeless prevention resources which breaks down to approximately \$1,500 worth of supplemental resources per household per year.

**Table 1: Supplemental Resources, Funding Sources, Units of Service, and Related Costs**

Expenses	Funding Sources	Units of Service	Cost Per Unit of Service	Total Costs for Units of Service
<b>Non-Personnel:</b>				
<b>Supplemental Resources:</b>				
Clothing	In-Kind; Private Donations	3,000	\$50	\$150,000
Food	In-Kind, FEMA EFSP program	3,000	\$40	\$120,000
Health Care	Medi-Cal; Medicare, Public and Private Foundations	2,000	\$100	\$200,000
Household items	In-Kind; Private Donations	1,000	\$50	\$50,000
Landlord – Tenant Mediation	Housing Trust Fund; CDBG funds; Private Donations	250	\$100	\$25,000
Legal Services (e.g. eviction proceedings)	Private Donations;	25	\$250	\$6,250
Utility Assistance	Emergency Shelter Grant; United Way Utility Assistance Program; Private Donations	500	\$100	\$50,000
Rental Assistance	HOME; Emergency Shelter Grant; Private Donations	100	\$1,000	\$100,000
<b>Communication Strategy:</b>				0
Printing, Design, web site, phone line, etc.	In-Kind Services; Private Donations	500	\$10	\$5,000
<b>Personnel:</b>				0
Case Manager	Public and Private Foundations; Private Donations	500	\$80	\$40,000
<b>Total:</b>				<b>\$746,250</b>

Funding for the recommendation would also include costs for the communication strategy and a full-time case manager. This person's responsibilities would include completing an initial intake and assessment for each household that is assisted through the program. Responsibilities would also include working with the household on an on-going, as-needed basis to ensure that each household maintains their housing.

Costs for the communication strategy would be \$5,000 annually. Costs for the full-time case manager would be approximately \$40,000 per year. Sources of funds would include grant applications to private foundations and private donations from individuals and groups for the case manager and in-kind services and private donations for the communications strategy.

A description of the public and private funding sources for the "Good Neighbor Program" homeless prevention activities noted in table 1 is as follows:

#### 1. Emergency Food and Shelter Program

The Emergency Food and Shelter (EFS) Program was created by Congress in 1983 to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating funds for the provision of food and shelter. Legislation created



a National Board, chaired by the Federal Emergency Management Agency (FEMA), whereby funds flow from Congress through FEMA to the National Emergency Food and Shelter Program Board. Each county receiving an allocation from the National Board must have a Local Board to set criteria, establish program guidelines and allocate funds.

The Emergency Food and Shelter Program (EFSP) Board for Los Angeles County receives over \$6,000,000 annually for low income persons including homeless persons for supplemental food, shelter, and rent/utility assistance. Annually, the EFSP Local Board funds on average 150 agencies with the typical grant being between \$20,000 and \$30,000. The Ecumenical Council for the Pasadena Area Churches (ECPAC) receives local EFSP Local Board funds in the amount of \$70,000 for supplemental food and shelter. There are six (6) agencies that receive funds for supplemental food and shelter from ECPAC.

## 2. Emergency Shelter Grant

The Emergency Shelter Grants (ESG) program provides homeless persons with basic shelter and essential supportive services. It can assist with the operational costs of the shelter facility, and for the administration of the grant. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

According to the Department of Housing and Urban Development (HUD), ESG grantees such as the City of Pasadena may allocate up to 30 percent of their total ESG award to homeless prevention. The 30 percent limitation applies only to the overall grant. It does not apply to an allocation made to an individual recipient.

Also, according to HUD, to help prevent the incidence of homelessness in a community, ESG funds can be used to support a variety of activities, including (but not limited to):

- Short-term subsidies to defray rent and utility debts for families that have received eviction or utility termination notices;
- Security deposits or first month's rent to permit individuals or families at risk of homelessness to obtain permanent housing;
- Mediation programs for landlord-tenant disputes;
- Legal services programs for the representation of indigent tenants in eviction proceedings;
- Payments to prevent foreclosure on a home;
- Other innovative programs and activities designed to prevent the incidence of homelessness.

### 3. Housing Opportunities Fund

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from in-lieu fee payments), California Housing Finance Agency HELP funds, California Dept. of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

### 4. In-Kind Donations and Services

In-kind donations and services come from community groups and individuals. In-kind donations consist of non-monetary gifts such as clothing, food, and household items. In-kind services include child care, health care, legal services, and transportation (i.e., bus passes and tokens).

### 5. Leveraging of Services

Leveraging is often based upon agreements such as “memorandums of understanding” between two community agencies and/or individuals. Within the context of homeless prevention, leveraging such as non-monetary in-kind donations and in-kind services would be committed in writing between one community agency to another and based upon a mutual concern for homeless prevention.

Leveraging for in-kind services would consist of a wider-range of services than noted under in-kind services above. In-kind services would also include domestic violence prevention services, employment counseling and placement, public benefits assistance, substance abuse treatment, and veteran benefits and related services.

Leveraging would also include intake and assessment and case management services. Such services would predominately include agency staff who have the expertise to provide the in-kind services noted within this section. Such services would also include staff supervision.

### 6. Mainstream Resources

Congress appropriates several hundred billion dollars each year for mainstream assistance programs, such as Medicaid, Temporary Assistance for Needy Families (TANF), Food Stamps and Social Security - Disability. Homeless persons are typically eligible for one or more of these major assistance programs, which can provide many of the services that are currently funded by HUD's Continuum of Care programs such as the Supportive Housing Program (SHP) and Shelter Plus Care.

Because of the important role played by these mainstream programs, the law requires applicants that receive HUD funding such as the City of Pasadena to certify that if their homeless project(s) are selected for funding as a result of the Continuum of Care funding competition, they will coordinate and integrate their homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

## 7. Private Donations

Private donations are defined as monetary gifts from community groups and individuals, particularly those groups and individuals who are core supporters of a “Good Neighbor Program” and have the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood. Such financial gifts can be used to support various homeless prevention activities including clothing, food, rental assistance, and utility assistance.

## 8. Private Foundations

Private foundations are defined as philanthropic agencies that provide grants for the homeless prevention activities noted within this section. Grants are generally made to non-profit agencies including collaborating efforts such as a “Good Neighbor Program”.

## 9. United Way Utility Assistance Program

United Way’s Utility Assistance Program (UAP), a joint program between United Way of Greater Los Angeles, The Gas Company’s Gas Assistance Fund (GAF), and Southern California Edison’s Electricity Assistance Fund (EAF). From February through April, United Way distributes one-time funds to more than 120 agencies in 12 counties in central and Southern California including Los Angeles County. A low income individual or family can receive a one-time credit of up to \$100 for gas or electricity.

## Outcomes

Outcomes based upon the above homeless prevention activities, units of service, and costs in table 1 are as follows:

- 80% of the 500 most-at-risk-to-homelessness households would receive clothing six (6) times a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 80% of the 500 most-at-risk-to-homelessness households would receive food six (6) times a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 80% of the 500 most-at-risk-to-homelessness households would receive health care (4) times a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;

- 80% of the 500 most-at-risk-to-homelessness households would receive household items (2) times a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 5% of the 500 most-at-risk-to-homelessness households would receive landlord – tenant mediation that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 5% of the 500 most-at-risk-to-homelessness households would receive legal services that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 80% of the 500 most-at-risk-to-homelessness households would receive utility assistance (1) time a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program;
- 10% of the 500 most-at-risk-to-homelessness households would receive rental assistance (1) time a year that would help prevent them from becoming homeless during the first year of the Good Neighbor Program.

#### b. Recommendation 2: “Discharge Planning Program”

The second recommendation concerning homeless prevention is a “Discharge Planning Program”. The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they “develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care.” These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions.

The purpose of developing and implementing a “Discharge Planning Program is to prevent persons being discharged from publicly and privately funded institutions or systems of care into homelessness. Discharge planning prepares a homeless person in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and effectiveness.

The Pasadena Housing and Homeless Network (Network) has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program. The Committee has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. Participants include representatives from some of the agencies that discharge people back into the community.

#### Funding for Recommendation

- “Discharge Planning Program”

As noted above, the Network has created a Discharge Planning Program Committee as a first step towards creating a Discharge Planning Program which has begun to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for effective discharge planning practices. Costs for these activities (estimated at \$12,000) are off-set by in-kind planning services from the agencies that are committee members and those agencies discharging people from their care.

The Committee will continue to meet each month. During this time the committee will make recommendations concerning a Discharge Planning Program and related costs. The program, costs, and sources of funding will be outlined in the City of Pasadena 10-Year Strategy to End Homelessness One-Year Action Plan (2006-2007).

### Outcomes

Included in the One-Year Action Plan (2006-2007) will be program outcomes based upon the actions of the Discharge Planning Program Committee. The Committee will meet monthly in order to create a Discharge Planning Program.

#### c. Recommendation 3: "Homeless Coordinator"

The Pasadena Housing and Homeless Network recommends that a full-time "Homeless Coordinator" be hired whose duties include managing the "Good Neighbor Program" and the "Discharge Planning Program" (other duties would include coordinating a Mainstream Resource Program and an Annual Unmet Continuum of Care Need/Gap Analysis required by HUD outlined in this report). In the County of Los Angeles, there are four (4) continuum of care systems for homeless persons<sup>3</sup>. They include Glendale,

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<sup>3</sup>Pasadena Homeless Continuum of Care System is based upon the basic components of HUD's continuum of care include: 1) Outreach/Intake/Assessment; 2) Emergency Shelter; 3) Transitional Housing; 4) Permanent Affordable Housing; and 5) Support Services.

- **Outreach** is based on the idea of engagement that occurs on the streets through street outreach teams. The goal of street outreach is to provide emergency services on the street and to link homeless persons to social services;
- **Emergency Shelter** includes temporary short-term facilities such as winter weather shelters (one day at a time) and detoxification programs. In addition, this includes vouchers, certificates, or coupons that can be redeemed for temporary residence in hotels, motels, or other similar facilities that provide temporary residence. Case management, may be or may not be, provided on site.
- **Transitional Shelter** is a facility that provides overnight shelter (for up to 2 months) and fulfills a client's basic needs (i.e., food, clothing, medical care) and provides case management that prepares residents to obtain and maintain housing and live self-sufficiently.
- **Residential Rehabilitation/Substance Abuse** is a residence that provides housing for up to 6 months and provides specialized treatment and active rehabilitation for alcohol and other drug related issues on-site.
- **Transitional Housing** is a residence that provides a maximum stay of up to 2 years during which residents are provided case management services that prepare them to obtain and maintain housing and live self-sufficiently.
- **Permanent Supportive Housing** is a residence that provides permanent housing that is linked with on-going supportive services (on-site and/or off-site) designed to allow residents to live at the place of residence on an indefinite basis.

Long Beach, Los Angeles County, and Pasadena. Pasadena has the only continuum of care system that does not have a “Homeless Coordinator” to manage the system. In addition, the cities of Pomona and Santa Monica have “homeless coordinators” though these cities are part of Los Angeles County’s continuum of care system.

The Pasadena Housing and Homeless Network believes that it is critical that a full-time “Homeless Coordinator” be hired to manage the “Good Neighbor Program”, the “Discharge Planning Program”, and other important activities noted in this report. The Network believes that such important recommendations will not be implemented effectively unless a full-time “Homeless Coordinator” is given responsibilities to help carry out the recommendations while working closely with community representatives.

There are many representatives that are employed by homeless service providing agencies that include within their duties participation in the Network and sub-committees such as the “Discharge Planning Program Committee”. Representatives from these homeless service providing agencies simply do not have the time to carry out all of the responsibilities of each of the recommendations—a full-time “Homeless Coordinator” would.

The Network recommends that the Homeless Coordinator be a City of Pasadena employee. All of the homeless coordinators for other local jurisdictions are an employee of the local jurisdiction. The Homeless Coordinator should work within, and be supervised by, the Department of Planning and Development’s Housing and Community Development Division.

#### Funding for Recommendation

- “Homeless Coordinator”

Cost for a Homeless Coordinator will be \$81,000 annually. Funding for a Homeless Coordinator will come from the following sources: Pasadena Housing Opportunities Fund and Supportive Housing Program (Administration).

#### Outcomes

Outcomes based on the duties of the Homeless Coordinator for the first year of hire will ensure that

- Good Neighbor Program will be implemented within 12 months of hire;
- Discharge Planning Program will be implemented within 12 months of hire;
- Mainstream Resource Program will be implemented within 12 months of hire;
- Annual Unmet Need/Gap Continuum of Care Analysis will be completed within 12 months of hire.

**2. Concerning Families and Individuals who are 1) living on the streets; and 2) in shelters and transitional housing programs (including those that serve victims of domestic violence and foster care youth)**

The Pasadena Housing and Homeless Network (Network) first divided the city's homeless population into three (3) groups of persons (made up of families and individuals) who generally need supportive services (i.e., employment, health care, public benefits assistance, mental health care, etc.) through case management in order to obtain and/or remain in affordable housing. The first group of persons was "families and Individuals who are presently housed but are at-risk-to-homelessness". The second group of persons consists of families and Individuals who are 1) living on the streets, and 2) in shelters and transitional housing programs (including those that serve victims of domestic violence and foster care youth).

Findings

According to the "2005 City of Pasadena Homeless Count" there are 1,217 persons who are homeless on a given night in the City of Pasadena. Of these persons, 304 (35.6%) were sheltered and 549, or nearly two-thirds (64.4%), were unsheltered. Nearly half (49.6%), or 603 unsheltered persons, were chronically homeless.

Another finding centers on the current relationship between homeless service providers and mainstream resource providers including the Department of Public Social Services (DPSS) and the Social Security Administration (SSA). All of these agencies need to work more closely together in order to comply with HUD's mainstream resource requirements that include the following:

- a specific planning committee must be active in order to improve participation in mainstream programs by homeless persons;
- ongoing training must occur in order to identify eligibility and program changes for mainstream programs;
- homeless service staff must systematically follow-up to ensure that mainstream benefits are being received by homeless persons.

Recommendations

There are four (4) recommendations to help homeless persons exit their lives on the streets, from shelters and transitional housing programs, and obtain and remain in permanent supportive housing. They are:

- a. providing public and private street outreach teams with the resources necessary to help homeless persons (particularly those who are chronically homeless) to exit their lives on the streets and move into appropriate housing with case management services;

- c. providing shelter and transitional housing programs with the on-site and off-site resources necessary to provide comprehensive case management services (including employment services, domestic violence services, health care, mental health care, permanent housing placement services, substance abuse treatment, and veteran services);
- d. providing affordable permanent supportive housing with the on-site and off-site resources necessary to provide comprehensive case management services (including employment services, domestic violence services, health care, mental health care, permanent housing placement services, substance abuse treatment, and veteran services);
- e. providing and coordinating mainstream resources such as Temporary Assistance for Needy Families, General Relief, Food Stamps, Veterans Health Care) in order to help homeless persons permanently exit their lives in shelters (including the winter shelter program) and transitional housing programs and obtain and maintain permanent affordable housing or permanent affordable supportive housing.

**a. Recommendation 1: Street Outreach Teams With Case Management Services**

The Pasadena Housing and Homeless Network (Network) recommends that the current street outreach teams be increased in terms of days, hours, and staff. Specific recommendations include 1) increasing the days and hours of street outreach workers to include evenings and weekends; and 2) increasing the number of street outreach workers and teams including a health care worker.

Currently, there are three street outreach programs. One program is the Homeless Outreach Team operated by Pacific Clinics and located at Passageways. The deployment of this two-member street outreach team has been a crucial step in connecting homeless persons living on the street to necessary supportive services and housing. Two approaches to outreach have been used: 1) mobile outreach by van and by foot; and, 2) program-based outreach at social service sites for homeless persons. These outreach efforts include (1) locating people on the streets or in facilities; (2) establishing rapport; (3) assessing their needs; and, (4) providing case management; and (5) linking them to supportive services, particularly Passageways.

A second street outreach program is called the Homeless Outreach Psychiatric Evaluation (HOPE) Team. The two-person HOPE team, which consists of an officer of the Pasadena Police Department and a mental health case manager of the L.A. County Department of Mental Health, actively seeks out the homeless mentally ill on the streets and at social service programs where they receive services such as food and clothing. Outreach workers are trained to recognize the symptoms of mental illness and substance abuse. They also possess the interpersonal skills necessary to solicit and provide information in a friendly, respectful, and non-threatening manner. The primary



goal is to link the homeless mentally ill with Passageways to receive medical and psychiatric care, substance abuse treatment, housing, and other services as appropriate.

A third street outreach program is Pacific Clinics' Healthy Transitions Program which was created in response to the increased incidence of homelessness and substance abuse among transitional age youth. Healthy Transitions serves as a comprehensive program aimed at eliminating barriers to self-sufficiency such as substance abuse through extensive outreach to, and engagement of, homeless, foster care, and probation youth ages 17-23. The program fulfills Pacific Clinics' mission of a client centered approach to treatment which involves providing extensive outreach, engagement, education, as well as comprehensive therapeutic and recovery oriented services by a multidisciplinary team of professionals.

#### Funding for Recommendation

The following table outlines the activity, cost, and funding sources for each of the recommendations made above.

<b>Activity</b>	<b>Annual Cost</b>	<b>Funding Sources</b>
Street Outreach Worker including non-personnel expenses	\$50,000	Proposition 63: The Mental Health Services Act
Health Care Outreach Worker including non-personnel expenses	\$100,000	Proposition 63: The Mental Health Services Act
Total:	\$150,000	

An additional street outreach team consisting of a Street Outreach Worker and Health Care Outreach Worker would provide services primarily to the chronically homeless. Two approaches to outreach have been used: 1) mobile outreach by van and by foot; and, 2) program-based outreach at social service sites for homeless persons. These outreach efforts include (1) locating people on the streets or in facilities; (2) establishing rapport; (3) assessing their needs; and, (4) providing case management; and (5) linking them to supportive services, particularly Passageways.

A description of the public and private funding sources for the additional Street Outreach Team include the following:

#### 1. Proposition 63: The Mental Health Services Act

Proposition 63, known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services, which includes outreach, medical care, short and

long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation. The measure's proponents believe that these programs will produce hundreds of millions in savings by reducing hospitalizations and incarcerations.

## 2. Private Donations

Private donations are defined as monetary gifts from community groups and individuals. Such financial gifts can be used to support various homeless activities including street outreach services to the chronically homeless.

## 3. Private Foundations

Private foundations are defined as philanthropic agencies that provide grants for homeless programs and activities. Grants are generally made to non-profit agencies that collaborate with other agencies and services such as street outreach services to the chronically homeless.

### Outcomes

Outcomes include the following:

- 50% of clients who are served by the program over one program year will visit Passageways within six months of entering the street outreach program;
- 75% of clients who are served by the outreach program over one program year will access resources necessary to address immediate needs such as food, clothing, health care, and hygiene within 90 days of entering the street outreach program;
- 50% of clients who are served by the program over one program year will enter a case management plan within one year of entering the street outreach program.

### **b. Recommendation 2: Shelter and Transitional Housing Programs With Case Management Services**

#### **Shelter Programs**

- **Bad Weather Shelter**

The Pasadena Housing and Homeless Network (Network) recommends that the Bad Weather Shelter be open 60 consecutive nights instead of 30 consecutive nights beginning with the 2005-2006 winter season. In the past, the shelter has opened on a temperature/rain activation basis during December and February through March and for the whole month of January regardless of temperature/rain, and has been open on an average of 60 nights per winter season. The Network also recommends that the shelter open at 7:30 pm every evening instead of 8:00 pm.

The Network also recommends that enhanced case management staff and services be added to the City of Pasadena Bad Weather Shelter beginning with the 2005-2006 winter season. Because the current emphasis of shelter is hypothermia prevention, it currently only offers limited case management services.

The Network believes that only shelters that emphasize case management offered by well trained staff with access to services can effectively help homeless persons exit their lives on the streets and obtain permanent affordable housing. Every day homeless service providers help homeless households obtain and remain in permanent affordable housing. Such success is due in part to efficient case management staff and services offered by local shelters. It is necessary to empower the Pasadena Bad Weather Shelter with this greater capacity.

Only shelters with well developed case management can be effective in helping to end homelessness. The Bad Weather Shelter currently does not have as much case management capacity as other providers within the city's continuum of care system. Adding such resources to it would significantly increase the number of households who use the shelter as a way off the streets.

It important to note that more chronically homeless persons use the Bad Weather Shelter each year than any other residential program. This provides the community with a unique opportunity to reach chronically homeless persons who otherwise do not make contact with the continuum of care system.

#### Funding for Recommendation

- Bad Weather Shelter

As noted below, total costs for the expansion of days of operations and enhanced case management staff and services for the Bad Weather Shelter would be approximately \$120,000 –approximately \$100,000 for personnel costs and approximately \$20,000 for non-personnel costs. There are other costs related to the program such as food and supplies that are provided in-kind from volunteer groups that are not included in the total budget amount of \$120,000. Revenue from the City of Pasadena would be increased from \$40,000 to \$60,000. The Ecumenical Council of the Pasadena Area Churches would provide the other half of funding in the amount of \$60,000.

#### Expenses:

Personnel	\$99,446
Non-Personnel	<u>\$20,200</u>
Total:	\$119,646

#### Revenue:

City of Pasadena	\$60,000
Ecumenical Council	<u>\$60,000</u>
Total:	\$120,000

A description of public and private funding sources for the Bad Weather Shelter is as follows:

### 1. Emergency Food and Shelter Program

The Emergency Food and Shelter (EFS) Program was created by Congress in 1983 to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating funds for the provision of food and shelter. Legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA), whereby funds flow from Congress through FEMA to the National Emergency Food and Shelter Program Board. Each county receiving an allocation from the National Board must have a Local Board to set criteria, establish program guidelines and allocate funds.

The Emergency Food and Shelter Program (EFSP) Board for Los Angeles County receives over \$6,000,000 annually for low income persons including homeless persons for supplemental food, shelter, and rent/utility assistance. Annually the EFSP Local Board funds on average 150 agencies with the typical grant being between \$20,000 and \$30,000. The Ecumenical Council for the Pasadena Area Churches (ECPAC) receives local EFSP Local Board funds in the amount of \$70,000 for supplemental food and shelter. There are six (6) agencies that receive funds for supplemental food and shelter from ECPAC.

### 2. Housing Opportunities Fund

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from in-lieu fee payments), California Housing Finance Agency HELP funds, California Dept. of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

### 3. Private Donations

Private donations are defined as monetary gifts from community groups and individuals, particularly those groups and individuals who are core supporters of a “Good Neighbor Program” and have the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood. Such financial gifts can be used to support various homeless prevention activities including clothing, food, rental assistance, and utility assistance.

#### 4. Private Foundations

Private foundations are defined as philanthropic agencies that provide grants for the homeless services. Grants are generally made to non-profit agencies that include public and private partnerships.

##### Outcomes

Outcomes include the following:

- 50% of chronically homeless persons who use the Bad Weather Shelter would receive social services on site;
- 25% of chronically homeless persons who use the Bad Weather Shelter would be connected to other homeless services during their stay at the shelter.

- **First Step Recovery Program**

Another recommendation concerning shelter is for a “First Step Recovery” program or “sobering station”. The purpose of this program is to stabilize homeless individuals who are under the influence of alcohol and/or other drugs so they can access other case management services in order to exit their lives from the streets.

This program will have 15 beds of which two (2) beds will be available for law enforcement on a 24-hour basis. A minimum stay of five (5) days is anticipated and extensions will be made on a case-by-case basis. All residents will work with highly-trained and experienced staff and establish a case management plan. Case management will include an intake and assessment and access to 12-step meetings, alcohol and drug education, and a mentoring program.

##### Funding for Recommendation

- First Step Recovery Program

The Network recommends that funding for the First Step Recovery Program come the funding sources listed in the following table which also details an annual budget including start-up costs.

<b>Expense</b>	<b>Annual Cost</b>	<b>Source of Funding</b>
Supportive Services (e.g., case management and related expenses)	\$300,000	Substance Abuse Prevention and Treatment Block Grants; Emergency Housing and Assistance Program Operating Facility Grants; Private Foundations; Private Donations
Operations (e.g., utilities, insurance, maintenance, equipment, etc)	\$165,000	Substance Abuse Prevention and Treatment Block Grants; Emergency Housing and Assistance Program Operating Facility Grants; Private Foundations; Private Donations
Leasing	\$90,000	Substance Abuse Prevention and Treatment Block Grants; Emergency Housing and Assistance Program Operating Facility Grants; Private Foundations; Private Donations
Total: \$555,000		

A description of public and private funding sources for the First Step Recovery Program is as follows:

#### 1. Emergency Housing and Assistance Program Operating Facility Grants

Emergency Housing and Assistance Program Operating Facility Grants (EHAP) provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible activities include direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, and capital development activities of up to \$20,000.

#### 2. Emergency Housing and Assistance Program Capital Development

The purpose of this source of funding is to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent).

### 3. Substance Abuse Prevention and Treatment Block Grants

Substance Abuse Prevention and Treatment Block Grants also are formula grants to states and territories, in this case, to fund alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs. All individuals who have alcohol or substance use problems are eligible for services, including people who are homeless, or persons with co-occurring substance use disorders.

### 4. Private Donations

Private donations are defined as monetary gifts from community groups and individuals, particularly those groups and individuals who are core supporters of a “Good Neighbor Program” and have the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood. Such financial gifts can be used to support various homeless prevention activities including clothing, food, rental assistance, and utility assistance.

### 5. Private Foundations

Private foundations are defined as philanthropic agencies that provide grants for the homeless services. Grants are generally made to non-profit agencies that include public and private partnerships.

### Outcomes

Outcomes include the following:

- 90% of clients will complete an intake and assessment upon entering the program;
- 60% of clients will be connected to additional social services during their program stay;
- 50% of clients will complete a case management plan during the first 10 days of their program stay;
- 30% of clients will enter a substance abuse treatment program at the end of their program stay.

### Transitional Housing

The Pasadena Housing and Homeless Network (Network) recommends that an additional 16 beds of transitional housing be developed for families during the first year of the strategy. Transitional housing, as defined by HUD, is the provision of beds/units for residents for up to two (2) years with on-site and off-site case management services. The Network believes that only local transitional housing programs with professional case management staff and services should be supported.

The Network also believes that the increase in transitional housing beds/units should be for families because families often need more time to become self-sufficient than what shelters allow. Shelters generally allow a family to stay for 60 days with extensions when needed. Often, a parent(s) needs more time to stabilize themselves because of the needs of their children. Transitional housing provides temporary housing for up to two (2) years which allows the parent(s) the time needed to stabilize themselves and their children.

#### Funding for Recommendations

- Transitional Housing

Funding for acquisition and rehabilitation for each of the homes would come from the Emergency Housing and Assistance Program Capital Development (EHAPCD) provided by the State of California Housing and Community Development Department. Up to \$1,000,000 is available to fund capital development activities for emergency shelters and transitional housing that provide beds and supportive services for homeless individuals and families.

#### Expenses:

Acquisition/Rehabilitation	\$1,000,000
Personnel	\$105,000
Non-Personnel	<u>\$72,000</u>

Total: \$1,177,000

#### Revenue:

EHAP-CD	\$1,000,000
Public Grants	\$60,000
Private Grants	\$60,000
Private Donations	<u>\$60,000</u>

Total: \$1,180,000

Costs for the day-to-day program operations would be approximately \$177,000. Funding to pay for day-to-day program operations could potentially come from public grants, private grants, in-kind services, leveraging, and private donations.

A description of public and private funding sources for transitional housing programs is as follows:

#### 1. Emergency Food and Shelter Program

The Emergency Food and Shelter (EFS) Program was created by Congress in 1983 to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating funds for the provision of food and shelter. Legislation created a National Board, chaired by the Federal Emergency Management Agency (FEMA),



whereby funds flow from Congress through FEMA to the National Emergency Food and Shelter Program Board. Each county receiving an allocation from the National Board must have a Local Board to set criteria, establish program guidelines and allocate funds.

The Emergency Food and Shelter Program (EFSP) Board for Los Angeles County receives over \$6,000,000 annually for low income persons including homeless persons for supplemental food, shelter, and rent/utility assistance. Annually the EFSP Local Board funds on average 150 agencies with the typical grant being between \$20,000 and \$30,000. The Ecumenical Council for the Pasadena Area Churches (ECPAC) receives local EFSP Local Board funds in the amount of \$70,000 for supplemental food and shelter. There are six (6) agencies that receive funds for supplemental food and shelter from ECPAC.

## 2. In-Kind Donations and Services

In-kind donations and services come from community groups and individuals. In-kind donations consist of non-monetary gifts such as clothing, food, and household items. In-kind services include child care, health care, legal services, and transportation (i.e., bus passes and tokens).

## 3. Leveraging of Services

Leveraging is often based upon agreements such as “memorandums of understanding” between two community agencies and/or individuals. Within the context of homeless prevention, leveraging such as non-monetary in-kind donations and in-kind services as noted above would be committed in writing between one community agency to another and based upon a mutual concern for homeless prevention.

Leveraging for in-kind services would consist of a wider-range of services than noted under in-kind services above. In-kind services would also include domestic violence prevention services, employment counseling and placement, public benefits assistance, substance abuse treatment, and veteran benefits and related services.

Leveraging would also include intake and assessment and case management services. Such services would predominately include agency staff who have the expertise to provide the in-kind services noted within this section. Such services would also include staff supervision.

## 4. Emergency Housing and Assistance Program Operating Facility Grants

Emergency Housing and Assistance Program Operating Facility Grants (EHAP) provides facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible activities include direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, and capital development activities of up to \$20,000.

## 5. Emergency Housing and Assistance Program Capital Development

The purpose of this source of funding is to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent).

## 6. Private Donations

Private donations are defined as monetary gifts from community groups and individuals, particularly those groups and individuals who are core supporters of a "Good Neighbor Program" and have the responsibility of preventing at-risk-to-homelessness households from becoming homeless within their immediate neighborhood. Such financial gifts can be used to support various homeless prevention activities including clothing, food, rental assistance, and utility assistance.

## 7. Private Foundations

Private foundations are defined as philanthropic agencies that provide grants for the homeless prevention activities noted within this section. Grants are generally made to non-profit agencies including collaborating efforts such as transitional housing programs.

### Outcomes

Outcomes include the following:

- 100% of residents will complete an intake and assessment upon entering the program;
- 100% of residents will establish a case management plan that will help obtain permanent affordable housing during the first week of their residency;
- 75% of residents will obtain permanent affordable housing by completion of their program stay.

### **c. Recommendation 3: Permanent Supportive Housing With Case Management Services**

The Pasadena Housing and Homeless Network (Network) recommends that the number of beds/units of permanent affordable supportive housing with case management be increased through a "Safe Haven" Program, Shelter Plus Care, and efficiency units for single room occupancy.

### “Safe Haven” Program

The Network recommends that a Safe Haven Program be established that will serve the “most-visible” and “hardest-to-reach” homeless persons with severe mental illness, who have been residing primarily in a public (street, sidewalks, parks, etc.) or private place (occasional residence in an emergency shelter) not designed for, or ordinarily used as, a regular sleeping accommodation for human beings and have been unable or unwilling to participate in supportive services. Safe Havens are low-demand, high expectation programs with few initial requirements other than the clients abstain from alcohol and/or other drug use on the premises and not exhibit threatening behavior. High expectations reflect the probability that with time and appropriate, non-threatening services, clients will become more amenable to accepting medications and other stabilization services as a first step toward obtaining appropriate housing, services, and benefits.

The proposed program’s service population are often “chronically homeless” as defined by HUD. They are unaccompanied homeless individuals with a disabling condition who have either been continuously homeless for a year or more OR have had at least four (4) episodes of homelessness in the past three (3) years. They also have a disabling condition which HUD defines as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” HUD also notes that to be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

The characteristics noted above make it very difficult for the needs of the “hardest-to-reach” homeless persons to be addressed by outreach and housing programs such as emergency shelters and transitional housing programs that serve the general homeless population. Thus, opportunities for such severely mentally ill and chronically homeless individuals to move beyond homelessness are greatly reduced. Moving beyond homelessness is also greatly reduced by the very nature of their disability which disrupts their judgment, motivation, and social skills.

Therefore, because of their complex needs and resistance to homeless services, a comprehensive and flexible array of specialized services and related supportive efforts must be readily available to assist them. The proposed program would have a non-residential and residential component that serves as a portal of entry for severely mentally ill and chronically homeless individuals to move beyond homelessness and into the area’s continuum of care.

The non-residential component should consist of 1) a drop-in center where food, clothing, bathroom, and laundry facilities will be provided only to the intended service population on a drop-in basis; and 2) social services and referrals within a non-intrusive, low demand environment. The residential component should consist of 25 units of permanent supportive housing with on-site and off-site case management services. Each resident would be assigned to a case manager. However, each case manager would not be responsible for more than eight (8) clients.

### Funding for Recommendation

- Safe Haven

The Network recommends that funding for the Safe Haven Program come from the Department of Housing and Urban Development's Supportive Housing Program (SHP). The following table details an annual budget including start-up costs.

<b>Expense</b>	<b>Annual Cost</b>	<b>Source of Funding</b>
Supportive Services (e.g., case management and related expenses)	\$170,000	Supportive Housing Program; other federal, state, and county funding; Private Foundations
Operations (e.g., utilities, insurance, maintenance, equipment, etc)	\$165,000	Supportive Housing Program; other federal, state, and county funding; Private Foundations
Acquisition and Rehabilitation	\$3,000,000	California Multifamily Housing Program: Special Needs Populations; Housing Opportunities Fund

A description of the public and private funding sources for permanent supportive housing is as follows:

#### 1. HUD's Supportive Housing Program

Grants are for new construction, acquisition, rehabilitation, or leasing of buildings to provide transitional or permanent housing, as well as supportive services to homeless individuals and families and day-to-day operating costs.

#### 2. California Multifamily Housing Program: Special Needs Populations.

MHP funds are provided as permanent financing only, and may be used to take out construction loans used to cover normal project development (capital) costs.

#### 3. Housing Opportunities Fund

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from in-lieu fee payments), California Housing Finance Agency HELP funds, California Dept. of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

### Outcomes

Outcomes include the following:

- 100% of residents will establish a case management plan with a case manager during their first 30 days of residency;
- 75% of residents will increase their monthly incomes during their first 90 days of residency;
- 90% of residents will maintain their housing six (6) months after beginning their residency.

### Shelter Plus Care

The Pasadena Housing and Homeless Network (Network) also recommends that the number of Shelter Plus Care tenant-based and sponsor-based rental assistance certificates be increased. Shelter Plus Care assists homeless individuals and families with mental disabilities, chronic substance abuse, and/or infected with HIV/AIDS by providing long-term affordable rental housing and a broad range of supportive services. The goal of Shelter Plus Care is to increase the participants' independent living skills.

Under tenant-based rental assistance, the City of Pasadena requests funds to provide rental assistance on behalf of program participants who choose their own housing units. Under sponsor-based rental assistance, the applicant (a non-profit agency) provides rental assistance and housing units on behalf of program participants. Tenants pay no more than 30% of their monthly income.

### Funding for Recommendation

The Pasadena Housing and Homeless Network (Network) recommends that the City of Pasadena apply for Shelter Plus Care tenant-based and a non-profit applicant apply for sponsor-based rental assistance certificates through HUD's annual Continuum of Care application. As noted above, Shelter Plus Care provides rental assistance for homeless people with disabilities, primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS), and related diseases. Each dollar of rental assistance must be matched by dollar provided by the grantee from federal or private sources to be used for supportive services. The City has applied successfully to HUD for Continuum of Care funding for a wide-range of permanent supportive housing that has included Shelter Plus Care tenant-based rental assistance certificates during the past nine (9) years.

It is important to note that Shelter Plus Care has a match requirement. Applicants must match the aggregate amount of Shelter Plus Care rental assistance with supportive services. This ensures that appropriate and timely services will be available to meet the needs of individual participants.

Pacific Clinics currently meets the match requirement by providing or coordinating supportive services for Shelter Plus Care participants. Pacific Clinics or another social service provider would have to provide the match requirement for any additional Shelter Plus Care tenant-based rental assistance certificates.

### Outcomes

Outcomes include the following:

- 100% of residents will establish a case management plan with a case manager during their first 30 days of residency;
- 75% of residents will increase their monthly incomes during their first 90 days of residency;
- 90% of residents will maintain their housing six (6) months after beginning their residency.

### Efficiency Units For Single Room Occupancy

The Pasadena Housing and Homeless Network (Network) also recommends an increase of efficiency units for single room occupancy and that some of the units provide efficient case management staff and services and that some of the units do not. Not all residents will have a disability and/or require on-going case management.

Efficiency units for single room occupancy with competent case management staff and services are necessary for those individuals who have a disability and limited income of less than \$10,000 a year. These persons are not the “hardest-to-reach” homeless persons with severe mental illness who need to be served by the proposed Safe Haven Program. They often have a limited income (under \$10,000 annually) and would not have to pay more than 30% of their adjusted income to live in these units. This means that their monthly rent would not exceed \$250. The rental assistance payments cover the difference between the tenant’s share of the rent and the Fair Market Rent (currently \$559/month) for the unit as established by HUD. In addition, they would have access to on-site and off-site case management services.

Efficiency units for single room occupancy are also needed for individuals who may not have a disability or require on-going case management. They also would not have to pay more than 30% of their adjusted income (under \$25,000 annually) to live in these units which means that their monthly rent would not exceed \$625. The rental assistance payments cover the difference between the tenant’s share of the rent and the Fair Market Rent (currently \$746/month) for the unit as established by HUD.

### Funding for Recommendation

The Pasadena Housing and Homeless Network (Network) recommends that the City of Pasadena apply for efficiency units for single room occupancy with case management staff and services through HUD’s annual Continuum of Care application under Shelter Plus Care and Section 8 Moderate Rehabilitation SRO. The City has applied

successfully to HUD for Continuum of Care funding for a wide-range of permanent supportive housing that has included Shelter Plus Care tenant-based rental assistance certificates and efficiency units for single room occupancy with competent case management staff and services permanent during the past nine (9) years.

The efficiency units for single room occupancy, however, were funded under the Supportive Housing Program and not Section 8 Moderate Rehabilitation SRO. Applying for efficiency units for single room occupancy under Section 8 Moderate Rehabilitation SRO would require rehabilitation of a selected property. To be eligible for rental assistance, a unit must receive a minimum of \$3,000 of rehabilitation. HUD notes that assistance provided under the SRO program is designed to bring more standard SRO units into the local housing supply (than the Supportive Housing Program) to assist homeless persons. HUD also notes that "the units might be in a rundown hotel, a Y, an old school, or even in a large abandoned home."

In order to provide case management services, the non-profit agency would have to provide funding for a case manager. Funding for a case manager could come from public funding (i.e., CDBG, CSBG) or private funding (i.e., private foundations or private donations).

### Outcomes

Outcomes include the following:

- 100% of residents will establish a case management plan with a case manager during their first 30 days of residency;
- 75% of residents will increase their monthly incomes during their first 90 days of residency;
- 90% of residents will maintain their housing six (6) months after beginning their residency.

### **D. Families and Individuals who were homeless and obtained permanent affordable housing but are at-risk-to-homelessness.**

### Findings

Throughout the year, homeless service providers help individuals and families who became homeless obtain and maintain affordable housing. Anecdotally, homeless service providers report that nearly all of the previous homeless individuals and families that obtained and maintained affordable housing remain at-risk-to-homelessness.

### Recommendations

The Pasadena Housing and Homeless Network recommends that "after-care" be provided to those previous homeless individuals and families that obtained affordable housing but remain at-risk-to-homelessness. After-care should consist of basic needs

assistance (e.g. food), counseling, and on-going case management services when needed. Case management includes domestic violence, employment, health, mental health, and substance abuse services.

#### Funding for Recommendation

Costs for this recommendation will be offset by existing homeless case management resources and services that are funded through the City's continuum of care system. Basic needs assistance through the Good Neighbor Program would also offset costs related to after-care.

#### Outcomes

Outcomes include the following:

- 100% of residents will work with a case manager during their residency;
- 75% of residents will receive supplemental resources during their first year of residency;
- 90% of residents will maintain their housing one (1) year after beginning their residency.

### **IV. Findings and Recommendations Concerning Existing HUD Continuum of Care Funded Programs**

The section concerns those existing residential and non-residential activities that currently receive funding through HUD's annual Continuum of Care application. Each year HUD issues a Continuum of Care application that provides funding for existing activities already funded through previous Continuum of Care applications.

#### Findings

The Pasadena Housing and Homeless Network has found that each of the existing residential and non-residential activities that currently receive funding through HUD's annual Continuum of Care application have been performing satisfactorily.

In its role as the lead agency for Pasadena's continuum of care, City of Pasadena Housing and Community Development Division staff has various methods available to determine whether renewal activities are performing satisfactorily and effectively addressing the needs for which they were designed. These methods include 1) reviewing and providing technical assistance in the application process, thereby assuring that each activity fills a gap in the continuum and sets ample, yet attainable program goals; 2) reviewing and providing technical assistance in the Technical Submission process, thereby gaining familiarity with the approved budget, position descriptions, service goals and outcomes; 3) upon approval of the Technical Submission, incorporating the scope of services, service goals, outcomes and budget in the Sub-recipient Agreement between the City and project sponsor; and 4) providing



technical assistance on how to collect data for the Annual Performance Report (APR). As a result, these opportunities provided staff with an opportunity to inform the Network as to how effectively the renewal activities are currently operating and as to whether or not they are performing satisfactorily.

### Recommendations

The Network recommends that each of the activities continue to receive renewal funding as long as they are performing satisfactorily. The opportunity to renew each program each year is provided in HUD's annual Continuum of Care application. Activities that are eligible for renewal each year include:

Permanent supportive housing for households in which one person is infected with HIV/AIDS. Upon admittance into the program, each HIV/AIDS-affected resident develops an individualized service plan in conjunction with the Support Service Coordinator and the case manager from the referring agency. Support Service Coordinators visit each resident in their home on a weekly basis to monitor progress in meeting the goals of the Individual Service Plan and to advocate on residents' behalf.

Transitional housing that provides multiple case management services for men who are chronically mentally ill, substance abusers, or dually diagnosed. Case management services include health care, mental health care, and substance abuse counseling and support services.

Transitional housing program for families that provides case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing.

Transitional housing program that provides case management services for single women who are chronic substance abusers. Residents also receive case management based services such as job preparation and placement, money management training, substance abuse recovery assistance, childcare assistance, mental health services, parenting skills, after-school tutoring, school-related services and assistance in obtaining permanent housing.

Intake/Outreach/Assessment Center that serves as the city's entry point into the continuum of care system. There is no other activity in Pasadena where homeless people can go to have such a broad range of needs met in one place. Instead of spending days going from agency to agency for various needed services, homeless people are able to receive a wide range of services in a matter of hours. Case managers develop individualized case management plans with clients with short- and long-term objectives in order to obtain permanent housing.

Permanent supportive housing program for persons in substance abuse recovery. Residents receive case management services in order to ensure that they are able to maintain their recovery and live independently.

Homeless Management Information System which is a networked computerized record-keeping system that enables the City of Pasadena and homeless service providers to collectively perform a number of activities that have never been done with the City's continuum of care system. Such activities would include: 1) decreasing duplicative intakes and assessments; 2) streamlining referrals; 3) coordinating case management; 4) tracking client outcomes; 5) and preparing financial and programmatic reports for funders. The City of Pasadena is collaborating with the Los Angeles Homeless Services Authority, the County of Orange, and the Cities of Glendale and Long Beach to develop a regional HMIS system.

## **V. Findings and Recommendations Concerning Mainstream Resources**

HUD has identified mainstream resources as including the following programs and services:

- Income support programs such as Supplemental Social Security Income and Temporary Assistance for Needy Families and supplements such as Food Stamps;
- Medicaid and other health insurance programs, including Community Health Centers and health assistance through the Veteran Administration;
- Mental health and substance abuse services funded through a variety of Federal block grant programs;
- Workforce Initiative Act (WIA) programs designed to provide training and secure employment for low-income workers receiving benefits;
- Housing subsidy programs, such as Federal Housing Choice and public housing.

### Findings

Congress appropriates several hundred billion dollars each year for mainstream assistance programs, such as Medicaid, TANF, Food Stamps and SSI. Homeless persons are typically eligible for one or more of these major assistance programs that can provide many of the services that are currently funded by HUD's Supportive Housing Program (SHP). Thus, Mainstream resources have taken on new urgency with the Administration's goal to end chronic homelessness.

For a number of years, over half of all of HUD's competitive homeless assistance funds were used to provide supportive services. The Administration's goal is to significantly reduce HUD's competitive homeless assistance funds to provide supportive services. As providers assist homeless persons in identifying and successfully accessing mainstream assistance programs, the need to use HUD homeless resources to provide supportive services will decline allowing HUD's funds to be increasingly used to develop more needed permanent supportive housing.

As a result, HUD now requires that each local jurisdiction develop and implement a plan to coordinate and integrate their homeless services with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

### Recommendation

The Pasadena Housing and Homeless Network recommends that the Homeless Coordinator work closely with homeless service providers and mainstream resource providers to implement the following policies that are required by HUD from every local jurisdiction in its annual Continuum of Care application:

- that a majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs;
- that the Continuum of Care systematically analyzes its projects' APRs to assess and improve access to mainstream programs;
- CoC contains a specific planning committee (that meets once a month) to improve CoC-wide participation in mainstream programs;
- that a majority of homeless assistance providers use a single application form for four or more of the above mainstream programs;
- that the Continuum of Care systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs;
- that the Continuum of Care have specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs;
- that a majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments;
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

### Funding for Recommendation

Cost for this recommendation is included in the annual costs for the Homeless Coordinator whose responsibilities are noted above.

### Outcomes

Included in the One-Year Action Plan (2006-2007) will be program outcomes based upon the actions of the Planning Program Committee. As noted above, the Committee will meet monthly in order to implement and improve access to mainstream resources.

## **VI. Other Findings and Recommendations**

### Federal Funding Sources

There are other recommendations made by the Pasadena Housing and Homeless Network (Network) in this report. Recommendations focus on monitoring funding cuts to federal funding sources that have been granted to the City of Pasadena and homeless service providers in the past. Two sources of funding that should be closely monitored are Community Development Block Grant and Section 8 Housing Choice Voucher Program. Funding for these programs may be cut in the near future.

Section 8 subsidies represent a major source of permanent affordable housing for households who are at-risk-to-homelessness. Though funding for vouchers is increased over FY 2005, there is still not enough to fund all of the vouchers that were being used during FY 2004 taking into account inflation and tenant protection vouchers (which serve people who were assisted by other HUD programs, but are being shifted to the Housing Choice Voucher program). There are some changes to the funding structure of the Section 8 program that could, over the long term, lead to lower funding levels than are needed to keep up with increased costs. Specifically, funding would be similar to a block grant, which tends to remain level over time and not keep up with inflation or other additional costs.

There are funding cuts for FY 2006 that should also be monitored. Funding cuts include

- Housing for Persons with Disabilities (Section 811) which is being cut from 238 million in FY 2005 to 120 million in FY 2006;
- Housing Opportunities for People With AIDS (HOPWA) which is being cut from 282 million in FY 2005 to 264 million in FY 2006;
- Substance Abuse and Mental Health Service Administration Homelessness Funding which is being cut from 46 in FY 2005 million to 36 million in FY 2006;
- Community Services Block Grant which is being eliminated—there was 637 million in FY 2005 and is being cut to \$0 in FY 2006.

### Community Issues

There were several other findings and recommendations made concerning “community issues”. Community issues are defined as illegal or legal activities by homeless persons or by individuals who want to help them and are of concern to the Pasadena Housing and Homeless Network. Such concerns were activities that were primarily related to parks, libraries, and law enforcement.

#### **A. Concerning Parks**

Those issues that were identified as areas of concern and related recommendations are as follows:

1. distribution of prepared/unprepared food and food items by community groups and individuals;
2. sleeping in parks;
3. sleeping in cars within park parking lots;
4. bathing and washing clothes in park bathrooms;
5. alcohol and other drug use on park premises;
6. storing personal property in parks;
7. urination and defecation in public.

**Recommendation 1:** discourage community groups from distributing food and clothing in parks through existing ordinances

**Recommendation 2:** encourage them to distribute such items through existing social service programs such as the proposed Good Neighbor Program through community outreach and education

**Recommendation 3:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks

**Recommendation 4:** have park staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by in-kind services from community members and by existing park staff, police officers, and street outreach workers.

#### B. Concerning Libraries

Those activities that were identified as areas of concern and related recommendations are as follows:

1. sleeping on the grounds of the library;
2. bathing and washing clothes in bathrooms;
3. alcohol and other drug use on premises;
4. storing personal property on premises;
5. sleeping inside the building;
6. using tables and chairs for long periods of time.

**Recommendation 1:** continue to enforce existing rules and regulations concerning sleeping in parks, urination/defecation, alcohol and other drug use, bathing and washing clothes in bathrooms, and storing property in parks

**Recommendation 2:** have library staff working closely with street outreach teams in identifying and interacting with homeless persons in parks in order to connect them to street outreach workers who can link them to continuum of care services.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing library staff and security personnel, police officers, and street outreach workers.

#### C. Concerning Law Enforcement

Those activities that were identified as areas of concern and related recommendations fall within two groups—those that are not a crime and those that are a crime.

The following activities, which are common activities for some homeless persons, are often considered as negative impacts by businesses and residents but are not a crime unless accompanied by other behaviors that are crimes:

1. loitering;
2. sleeping in public;
3. panhandling (not done aggressively);
4. sitting/lying/leaning;
5. washing windshields;
6. street performances

**Recommendation:** continue to enforce existing laws and regulations concerning each of the activities noted above.

The following behaviors, which are common activities for some homeless persons, are considered crimes and are enforceable by police officers:

1. aggressive panhandling;
2. bathing in public places;
3. camping in unauthorized public and private places;
4. drinking in public;
5. entering/sleeping in vacant buildings;
6. possession of an owner's shopping cart;
7. storing property without permission on public or private property;
8. urination/defecation in public.

**Recommendation:** continue to enforce existing laws and regulations concerning those behaviors that are crimes.

#### Funding for Recommendations

Costs for these recommendations will be offset by existing law enforcement staff.

## VII. Funding A Strategy to End Homelessness

There are several sources of revenue for homeless programs—some of which are included in the recommendations noted in the above sections—that are either specifically targeted for homeless programs or include homeless persons as an eligible service population. The Pasadena Housing and Homeless Network recommends that the City of Pasadena and/or local non-profit agencies work together to continue to apply for, or begin to apply for, the following sources of revenue:

In addition to the funding sources noted in this report, the Network also recommends that the City of Pasadena pursue identification of supplemental resources to ensure a dedicated stream of funding that can be used to help finance the recommendations in this report.

### HUD Homeless Assistance Programs

HUD administers five targeted programs that can be used to fund the development, operation, and supportive services of emergency, transitional, and permanent housing for people who are homeless.

- **Emergency Shelter Grants** are formula grants to states and local governments for the purpose of providing emergency and transitional housing, and are coordinated through the Consolidated Plan, a 5-year comprehensive housing plan required of communities to access HUD housing resources.
- **Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO)** program funds are awarded through an annual competition that requires communities to engage in a coordinated strategic planning process and to submit a comprehensive Continuum of Care plan to address homelessness.
  - **SHP** funds may be used for the development and operation of transitional and permanent housing, and for supportive services;
  - **S+C** funds may be used to provide rental assistance for permanent housing, with required matching funds for supportive services;
  - **Section 8 SRO** funds can be used for rental assistance in single-room-occupancy dwellings.

- **Housing for People who are Homeless and Addicted to Alcohol**

Approximately 10 two-year grants are expected to be awarded under a new \$10 million Housing for People who are Homeless and Addicted to Alcohol initiative created by Congress in PL 108-7. This initiative is designed to provide supportive housing assistance to chronically homeless persons who have been living on the streets for at least 365 days over the last five years and have a long term addiction to alcohol (serial inebriates). To be eligible for assistance under this program, clients must be living on the streets at the time of initial contact and will have no history of living in transitional or permanent housing over the last five years. Grantees will be expected to partner with local law enforcement, court systems and other relevant institutions to identify eligible clients for the program. To be eligible for funding consideration, a project must be located within a Continuum of Care that has at least 100 people who are chronically homeless and unsheltered as reported by the Continuum of Care or a recent official count.

In addition, there are other HUD programs that are designed to expand affordable housing opportunities for low-income people or people with disabilities, including those who are homeless.

- **Public Housing** is developed, owned, and managed by public housing agencies (PHAs) under contract with HUD. HUD provides a subsidy to cover operating and management costs of the units, and tenants generally pay 30 percent of their incomes toward rent. PHAs are allowed to establish local preferences for income targets and tenant selection and must submit a 5-year plan that outlines these preferences and demonstrates their consistency with the local needs and strategies identified in the consolidated plan;
- **The Housing Choice Voucher Program**, formerly referred to as the Section 8 program, is the largest Federal program targeted to very low-income households, including people with disabilities (TAC, 2002). Administered through state or local PHAs, the program offers four types of assistance: tenant-based rental assistance; project-based rental assistance; homeownership assistance; and down payment assistance. Tenant-based assistance is the most common form, offering subsidies that allow tenants to pay 30 percent of their income toward housing costs in a unit of their choice;
- **The Home Investment Partnerships program (HOME)** is specifically designed to expand the supply of affordable housing for low and very low-income people. Program funds are controlled through the consolidated plan and awarded via formula grant to states and local jurisdictions. Partnerships among government and nonprofit organizations and private industry are required to develop and manage safe, decent, affordable housing. Funds may be used for homeownership, rental housing production, and tenant-based rental assistance, and are easily combined with funds from HUD's Homeless Assistance Programs;



- **Housing Opportunities for Persons with AIDS (HOPWA)** supports the provision of both housing and services for people with HIV or AIDS. Funds are awarded by block grant to states and large metropolitan areas and can be used for a variety of activities, including housing information and coordination assistance; acquisition, rehabilitation, and leasing of property; rental assistance; operating costs; supportive services; and technical assistance (TAC, 1999);
- **Community Development Block Grants (CDBG)** are formula grants to states and to "entitlement communities" (as defined by HUD) to provide decent housing and suitable living environments for moderate and low-income people. CDBG funds also are controlled through the consolidated plan and can be used for housing rehabilitation or construction, including shelters and transitional housing facilities, and for supportive services such as counseling, employment, and health care;
- **The Section 811 Supportive Housing for Persons with Disabilities Program** awards funds competitively to community based nonprofit organizations to develop and operate supportive housing for people with disabilities. Funds may be used for new construction, rehabilitation, or acquisition; for project-based rental assistance; and for supportive services to address the health, mental health, or other needs of people with disabilities.

### **Department of Health and Human Services**

HHS administers three programs specifically designed to meet the needs of people who are homeless and who may have serious mental health and/or substance use disorders.

- **The Health Care for the Homeless (HCH) program**, administered by the Health Resources and Services Administration, awards grants to community-based organizations—including community health centers, local health departments, hospitals, and nonprofit community coalitions—to improve access to primary health care, mental health services, and substance abuse treatment. HCH funds support the provision of primary health care, substance abuse treatment, outreach, case management, provision of or referral to mental health services, and assistance in obtaining housing and entitlements (HRSA BPHC, 2001).
- **The Projects for Assistance in Transition from Homelessness (PATH) program**, administered by SAMHSA's CMHS, awards formula grants to states and territories to support community-based services for people with serious mental illnesses and/or substance use disorders who are homeless or at-risk of homelessness. PATH funds can be used to support a range of services, including outreach, screening and assessment, case management, mental health services, and substance abuse treatment, provision of or linkage to supportive services, and a limited set of housing services.

- **The Grants for the Benefit of Homeless Individuals (GBHI) program**, administered by SAMHSA's Center for Substance Abuse Treatment, provides funds to develop and expand mental health and substance abuse treatment services for people who are homeless. Grants are awarded to local public and nonprofit agencies to provide either substance abuse services, mental health services, or both, allowing communities the flexibility to provide the services they believe to be the most urgent.

HHS also administers a number of mainstream resource programs, for which homeless people may be eligible, that also can be used to provide services and supports.

- **Community Mental Health Services Block Grant** funds are formula grants to states and territories to create comprehensive, community-based systems of care for adults with serious mental illnesses and children with severe emotional disturbances. Funds are used at the discretion of states to provide services such as health, mental health, rehabilitation, employment, housing, and other supportive services. Most states provide services specific to adults with serious mental illnesses who are homeless. In some cases, states have used block grant funds to provide services in supportive housing. Mental health block grant funds also may be used to provide services for individuals with substance use disorders within certain guidelines;
- **Substance Abuse Prevention and Treatment Block Grants** also are formula grants to states and territories, in this case, to fund alcohol prevention and treatment activities, prevention and treatment related to other drugs, and primary prevention programs. All individuals who have alcohol or substance use problems are eligible for services, including people who are homeless, or persons with co-occurring substance use disorders;
- **Community Health Centers**, supported by discretionary project grants, provide preventive and primary care services to medically underserved populations; many have specific programs designed to serve individuals who are homeless;
- **Community Services Block Grants** are formula grants to states to support a range of services designed to address poverty and to promote self-sufficiency among low-income members of communities, including those who are homeless;
- **Social Services Block Grants**, also formula grants to states, can be used to support a range of services to prevent, reduce, and eliminate dependency and increase self-sufficiency among community residents.

### **Veterans Administration**

The VA administers several programs that specifically meet the needs of veterans with mental illnesses and/or substance use disorders that are homeless.

- **The Domiciliary Care for Homeless Veterans program** provides funds to VA medical centers to support the delivery of health, mental health, substance abuse, and other social services in residential treatment settings for veterans who are homeless;
- **The Homeless Chronically Mentally Ill Veterans program** supports mental health services, substance abuse treatment, case management, and other rehabilitative services in community-based residential treatment settings for veterans with chronic mental illnesses who are homeless;
- **The Health Care for Homeless Veterans program** supports outreach and assessment, treatment, case management, and referral to community-based residential care for veterans with serious mental illnesses and substance use disorders who are homeless;
- **The HUD-VA Supported Housing program**, administered jointly with HUD, provides permanent supportive housing and treatment for veterans with serious mental illnesses and substance use disorders who are homeless;
- **Urban Homeless Veterans' Reintegration Program (HVRP)** are intended to address two objectives: (1) to provide services to assist in reintegrating homeless veterans into meaningful employment within the labor force, and (2) to stimulate the development of effective service delivery systems that will address the complex problems facing homeless veterans. Successful applicants will design programs that assist eligible veterans by providing job placement services, job training, counseling, supportive services, and other assistance to expedite the reintegration of homeless veterans into the labor force.

### **State and Local Resources**

State and local governments administer many of the Federal programs mentioned earlier. They can either provide services themselves or can contract with local providers to offer services with these funds. In addition, many states and localities use their own resources for programs specifically designed to meet the housing and support service needs of people who are homeless. Resources include:

## State

- **Emergency Housing and Assistance Program Operating Facility Grants**

The purpose of the grant is to provide facility operating grants for emergency shelters, transitional housing projects, and supportive services for homeless individuals and families. Eligible Activities include providing direct client housing, including facility operations and administration, residential rent assistance, leasing or renting rooms for provision of temporary shelter, capital development activities of up to \$20,000 per site, and administration of the award (limited to 5 percent).

- **Emergency Housing and Assistance Program Capital Development**

The purpose of this source of funding is to fund capital development activities for emergency shelters, transitional housing, and safe havens that provide shelter and supportive services for homeless individuals and families. Eligible activities include acquiring, constructing, converting, expanding and/or rehabilitating emergency shelter, transitional housing, and/or safe haven housing and administration of the award (limited to 5 percent).

- **Low Income Housing Tax Credits (LIHTC)**

Low Income Housing Tax Credits is a program administered at the state level that provides federal income tax credits for equity investors in low-income rental housing projects. Low-income rental housing projects that involve new construction, rehabilitation, or acquisition are eligible under the program.

- **Integrated Services for Homeless Adults with Serious Mental Illness**

The **Integrated Services for Homeless Adults with Serious Mental Illness** (AB 2034) program addresses the mental health, housing and vocational needs of adults, 18 years and older, who have serious mental illness and face homelessness, incarceration, or hospitalization. A comprehensive array of services including outreach, supportive housing and other housing assistance, employment, substance abuse, and mental and physical healthcare including medications.

- **The Mental Health Services Act (Proposition 63)**

Proposition 63, known as the Mental Health Services Act, will fund community mental health programs with voluntary outreach, access to medicines, and a variety of support services for children and adults with mental disorders. The initiative uses a model of integrated, recovery-based services, which includes outreach, medical care, short and long-term housing, prescription drugs, vocational training, and self-help and social rehabilitation. The measure's proponents believe that these programs will produce hundreds of millions in savings by reducing hospitalizations and incarcerations.

- **Local Housing Trust Fund**

The California Department of Housing and Community Development, Local Housing Trust Fund Program (LHTFP) was created by action of the State Legislature resulting from a voter initiative and the passing of Proposition 46, Housing Emergency Shelter Trust Fund Act of 2002. The LHTFP makes one-time grants for the development of affordable multifamily rental housing. It is intended to support innovative local entities that have identified and committed sources of funds not traditionally utilized in the development and provision of affordable housing. Grants require a dollar for dollar match from a local entity such as the City of Pasadena.

County

- **City of Industry Funds**

City of Industry Funds (Industry Funds) are another financing resource for the development of affordable housing. Industry Funds are tax increment set-aside funds administered by the LA County Housing Authority. Industry Funds help fund affordable housing for seniors, families and special needs populations, including domestic violence victims, emancipating foster youth, and those afflicted with HIV/AIDS.

Local

- **Human Services Endowment Fund (HSEF)**

The Pasadena City Council established the HSEF with the adoption of the Fiscal Year 1992 Operating Budget. The HSEF is linked with public service (15%) of the Community Development Block Grant (CDBG) Program. These funds are made available on a two-year funding cycle. Award decisions are linked to funding rationale that establishes priority program areas based on documented unmet human service need.

- **Low and Moderate Income Housing Trust Funds**

The City of Pasadena Low & Moderate Income Housing Trust Fund is administered by the PCDC and funded by a portion of the tax increment revenues generated from the city's redevelopment projects. Redevelopment set-aside funds are mandated by state law to be used for activities that increase, improve or preserve affordable housing opportunities. The housing trust funds have been used in variety of ways to preserve and expand affordable housing opportunities including housing rehabilitation, land acquisition, housing construction, assistance to eligible first-time homebuyers and to support homeless programs.

- **Housing Opportunities Fund**

The Housing Opportunities Fund is used to provide financial assistance to construct, rehabilitate, acquire and preserve affordable housing units. For the current fiscal year, the revenue sources of the Fund consist of monies from the PCDC Low and Moderate Income Housing Trust Funds, Inclusionary Housing Ordinance funds (generated from in-lieu fee payments), California Housing Finance Agency HELP funds, California Department of Housing & Community Development Local Housing Trust Fund program, and Fannie Mae American Communities Fund.

## **VIII. Conclusion**

The City of Pasadena 10-Year Strategy to End Homelessness will help the City of Pasadena end homelessness by focusing on 1) Ending Chronic Homelessness; 2) Supporting Existing Homeless Services; 3) Expanding Existing Homeless Services; and 4) Strengthening Homeless Prevention Efforts.

Ending chronic homelessness will require additional street outreach efforts to engage, or re-engage, chronically homeless persons into the continuum of care system. Permanent supportive housing will also be required if chronically homeless persons are to obtain and maintain affordable housing.

Supporting and expanding existing homeless services is also necessary to end homelessness in Pasadena. Every day homeless service providers successfully help people exit their lives from the streets and become self-sufficient and obtain and maintain appropriate permanent housing. Continuing to provide the necessary resources will continue the same successful results.

Strengthening homeless prevention efforts is imperative. As noted in this report 500 households will experience homelessness during the next 12 months if they do not receive supplemental resources. These households will take the place of the many households that local homeless service providers help become self-sufficient and obtain and maintain affordable housing. As a result, there is a continuous cycle of homelessness with the City of Pasadena.

The recommendations in this report help provide the City of Pasadena with the necessary actions to end homelessness within its jurisdiction. What is clear is that homelessness is a complex problem that requires community efforts beyond providing emergency assistance to homeless households. Assistance needs to combine case management services and permanent housing in order for homeless households to obtain and maintain affordable housing—which is at the core of the recommendations in this report.

## **Appendix A**

### **10-Year Strategy to End Homelessness Community Outreach Meetings**

<b>Date</b>	<b>Organization/Committee/Group</b>
April 21, 2004	South Lake Business Association
April 22, 2004	Coalition of Neighborhood Associations
April 28, 2004	Playhouse District Business Association
September 23, 2004	City of Pasadena Executive Committee
September 24, 2004	Congressman Adam Schiff's Office, Teresa Lamb, District Representative
January 11, 2005	Information Services Managers Meeting
November 29, 2004	City of Pasadena Human Services Department - Neighborhood Services Management Staff
December 8, 2004	City of Pasadena Information Services Department-Library Management Staff
January 24, 2005	City of Pasadena Police Chief
January 25, 2005	Neighborhood Association Presidents
January 26, 2005	Raymond Avenue Neighbors Advisory Panel
March 9, 2005	City of Pasadena Public Health Department MAP Steering Committee
May 18, 2005	Union Station Program Committee